

Charles M. Walker

U.S. Bankruptcy Judge

Dated: 11/18/2022



**UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE**

In re AMERICAN SLEEP MEDICINE, LLC, Debtor.	Case No. 321-02741 Chapter 11 Judge Walker ORDER CONFIRMING THIRD AMENDED AND RESTATED CHAPTER 11 PLAN
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ORDER CONFIRMING OF CHAPTER 11 PLAN OF REORGANIZATION

This cause came to be heard on the November 16, 2022, before the Honorable Charles M. Walker, Judge of the United States Bankruptcy Court for the Middle District of Tennessee, upon the Confirmation hearing in the above-captioned Chapter 11 proceedings. The Court, having heard statement of counsel and the testimony of the Shawn Dengler, Controller and Chief Financial Officer of the Debtor being proffered, hereby finds as follows:

- 1) that the plan complied with the applicable provisions of the Code;
- 2) that the proponent of the plan complies with the applicable provisions of the Code;
- 3) that the plan or any provision thereof amended by order of this Court or contained herein has been proposed in good faith and not by any reason forbidden by law;
- 4a) that any payment made or promised by the proponent, by the Debtor or by any person issuing securities or requiring property under the plan, for services or for costs and expenses, in or in connection with the case, or connection with the plan or incident to the case, have been disclosed to the Court; and
- 4b) any such payment before confirmation of its reasonable; or if such payment is to be fixed after confirmation of the plan, such payment is subject to the approval of the Court is

reasonable;

5a) the proponent of the plan has disclosed the identity and affiliations of any individual proposed to serve, after confirmation of the plan, as director, officer, or voting trustee of the Debtor, an affiliate of the Debtor participating in a joint plan with the Debtor, or a successor to the Debtor under the plan; and the appointment to, or continuance in, such office of such individual, is consistent with the interests of creditors and equity security holders and with public policy;

5b) the proponent of the plan has disclosed identity of any insider that will be employed or retained by the reorganized Debtor, and the nature of any compensation for such insider;

6) any regulatory commission with jurisdiction, after confirmation of the plan, over the rates of the Debtor has approved any rate change provided for in the plan, or such rate changes expressly conditioned on such approval;

7) with respect to each class (A) each holder of a claim or interest of such class has accepted the plan; or will receive or retain under the plan on account of such claim or interest property of a value, as of the effective date of the plan, that is not less than an amount that such holder would so receive or retain if the Debtor were liquidated under Chapter 7; or

B) if Section 1111(b)(2) of the Code applies to the claims of such classes, each holder of a claim of such class will receive or retain under the plan on account of such claim property of a value, as of the effective date of the plan, that is not less than the value of such creditor's interest in the estate's interest in the property that secures such claim;

8) with respect to each class, such class accepted plan, or such is not impaired under the plan;

9) except to the extent that a holder of a particular claim has agreed to a different treatment of such claim, the plan provides that

A) with respect to a claim of the kind specified in Section 507(a)(1) or Section 507(a)(2) of the Code, on the effective date of the plan, the holder of such claim will receive on account of such cash equal to the allowed amount of such claim;

B) with respect to a class of claims with kinds specified in Sections 507(a)(3), 507(a)(4), or 507(a)(5) of the Code, each holder of a claim of such class will receive, if such class has accepted the plan, deferred cash payments with a value, as of the effective date of the plan, equal to the allowed amount of such claim; or, if such class has not accepted the plan, cash on the effective date of the plan equal to the allowed amount of such claim; and

C) with respect to a claim of a kind specified in Section 507(a)(6) of the Code, the holder of such claim will receive on account of such claim deferred cash payments, over a period not exceeding six (6) years after the date of assessment of such claim, of a value, as of the effective date of the plan, equal to the allowed amount of such claim;

10) at least one class of claims has accepted the plan, determined without including any acceptance of the plan by an insider holding a claim of such class;

11) confirmation of the plan is not likely to be followed by liquidation, or the need for further financial reorganization, of the Debtor or any successor to the Debtor under the plan, unless such liquidation or reorganization is proposed in the plan.

It is, therefore, **ORDERED** that the Third Amended and Restated Chapter Plan filed by the Debtor-in-possession on November 15, 2022, (D.E. 217) is hereby **CONFIRMED** .

THIS ORDER WAS SIGNED AND ENTERED ELECTRONICALLY AS INDICATED AT THE TOP OF THE FIRST PAGE

APPROVED FOR ENTRY:

/s/ Steven L. Lefkovitz, No. 5953
Steven L. Lefkovitz
Attorney for Debtor
908 Harpeth Valley Place
Nashville, Tennessee 37221
(615) 256-8300 fax (615) 255-4516
email: slefkovitz@lefkovitz.com

**\UNITED STATES BANKRUPTCY COURT FOR THE
MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE**

In re: AMERICAN SLEEP MEDICINE LLC Debtor.	Case No. 3:21-02741 Chapter 11 Judge WALKER THIRD AMENDED AND RESTATED CHAPTER 11 PLAN
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I.

INTRODUCTION

AMERICAN SLEEP MEDICINE, LLC is the Debtor in a Chapter 11 bankruptcy case. On September 8, 2021, Debtor commenced a voluntary bankruptcy case by filing a Chapter 11 petition under the United States Bankruptcy Code (“Bankruptcy Code”), 11 U.S.C. § 101 et seq. This document is the Chapter 11 Plan (“Plan”) proposed by the Debtor (“Plan Proponent”). Sent to you in the same envelope as this document is the Disclosure Statement which has been approved by the Court, and which is provided to help you understand the Plan.

This is a not liquidation plan. In other words, the Proponent seeks to accomplish payments under the Plan through his income as sleep diagnostic center. The Effective Date of the proposed Plan is 45 days after confirmation.

II.

CLASSIFICATION AND TREATMENT OF CLAIMS AND INTERESTS

A. General Overview

As required by the Bankruptcy Code, the Plan classifies claims and interests in various classes according to their right to priority of payments as provided in the Bankruptcy Code. The Plan states whether each class of claims or interests is impaired or unimpaired. The Plan provides the treatment each class will receive under the Plan.

B. Unclassified Claims

Certain types of claims are not placed into voting classes; instead they are unclassified. They are not considered impaired and they do not vote on the Plan because they are automatically entitled to specific treatment provided for them in the Bankruptcy Code. As such, the Proponent has not placed the following claims in a class. The treatment of these claims is

provided below.

1. Administrative Expenses

Administrative expenses are claims for costs or expenses of administering the Debtor's Chapter 11 case which are allowed under Code Section 507(a)(1). The Code requires that all administrative claims be paid on the Effective Date of the Plan, unless a particular claimant agrees to a different treatment.

There are no administrative claims under the plan except for any quarterly fees owed by the Debtor and the post-petition financing approved by the Debtor that may become due between now and the confirmation of the case. Debtor estimates that two more quarters of quarterly fees will become due before the case can be confirmed and close.

The post-petition financing will be paid under the terms and conditions of the loan approved by the Court. Additionally, there may be unpaid attorney's fees for Steven L. Lefkovitz, Counsel for the Debtor-in-possession, which are subject to the approval of the Court. The retainer in this case was paid by the Debtor, and the law firm of Lefkovitz and Lefkovitz, PLLC will receive any compensation through the Chapter 11 plan upon application and order of the Court. The unpaid amount of the attorney's fees due the lawfirm of Lefkovitz and Lefkovitz, PLLC is estimated to be \$75,000.00.

2. Priority Tax Claims

Priority tax claims are certain unsecured income, employment and other taxes described by Code Section 507(a)(8). The Code requires that each holder of such a 507(a)(8) priority tax claims receive the present value of such claim in deferred cash payments, over a period not exceeding five years form the date of the Order of Relief entered in this case. All of the governmental or tax claims filed in this case to date are attached hereto and marked Exhibit D to

this document. The aggregate total of all claimants in this class totals \$13,753.64, which shall be paid pro rata to all members of this class, from the \$276.00 per month allocated to pay governmental or tax claims.

C. Classified Claims and Interests

1. Classes of Secured Claims

Secured claims are claims secured by liens on property of the estate. The following chart lists all classes containing Debtor's secured pre-petition claims and their treatment under this Plan:

<u>CLASS</u> <u>#</u>	<u>DESCRIPTION</u>	<u>INSIDERS</u> (Y/N)	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>
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1	<p>Secured claim of:</p> <ul style="list-style-type: none"> • The Court approved post-petition DIP financing to Row Zadek et al referenced in Docket entry 111, an order entered on November 30, 2021 shall be paid in full under the terms and conditions of the promissory note entered at that time. This is an insider loan to the principals of the Debtor, which is currently not being paid or enforced. 				
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2. Classes of Priority Unsecured Claims

Certain priority claims that are referred to in Code Sections 507(a)(1), (4), (5), (6), and (7) are required to be placed in classes. These types of claims are entitled to priority treatment as follows: the Code requires that each holder of such a claim receive cash on the Effective Date equal to the allowed amount of such claim. However, a class of unsecured priority claim holders may vote to accept deferred cash payments of a value, as of the Effective Date, equal to the allowed amount of such claims. The only members of this class is unpaid employees for pre-petition wage claims incurred within 180 days of September 8, 2021, will be paid in full on the Effective Date of the plan up to a maximum of \$13,650.00. Any additional funds owed for a pre-petition wage claim shall be paid as a Class 2 unsecured creditor. These amounts were verified from the information provided to Debtor's payroll service and is correct to the best of the Debtor's knowledge, information, and belief.

3. Class of General Unsecured Claims

General unsecured claims are unsecured claims not entitled to priority under Code Section 507(a). The following chart identifies this Plan's treatment of the class containing all of Debtor's general unsecured claims, which also includes all of the leases heretofore rejected by Debtor and also includes the centers in Birmingham, Alabama and Vienna, Virginia which are also rejected by the entry of the order of confirmation.

<u>CLASS#</u>	<u>DESCRIPTION</u>	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>	
2	General unsecured claims	Y, Claims in this class are entitled to vote on the plan.	<ul style="list-style-type: none">• Pymt interval• Pymt amt/interval• Begin date • End date• Interest rate• Total payout	The Debtor shall pay \$7,250.00 per month for a period of no less than 60 months. Creditors in this class shall receive their pro rata distribution under the plan and no less than 25% of the allowed amount of their claim.

4. Class(es) of Interest Holders

Interest holders are the parties who hold ownership interest (i.e., equity interest) in the Debtor. If the Debtor is a corporation, entities holding preferred or common stock in the Debtor are interest holders. If the Debtor is a partnership, the interest holders include both general and limited partners. If the Debtor is an individual, the Debtor is the interest holder.

The following chart identifies this Plan's treatment of the class of interest holders:

<u>CLASS #</u>	<u>DESCRIPTION</u>	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>
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	Interest holders	N	All assets will be reinstated
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D. Means of Performing the Plan

1. Funding for the Plan

The Plan will be funded from income of the Debtor as a sleep medicine treatment center.

2. Post-confirmation Management

The Debtor shall be responsible for post-confirmation management.

3. Disbursing Agent

Debtor shall act as the disbursing agent for the purpose of making all distributions provided for under the Plan. The Disbursing Agent shall serve without bond and shall receive no compensation for distribution services rendered and expenses incurred pursuant to the Plan.

E. Risk Factors

The proposed Plan has the following risks: The Plan, due to its nature of being funded over time, maintains a possibility of default if Debtor is unable to realize its current financial projections or somehow finds itself unable to maintain the same level of monthly income.

F. Other Provisions of the Plan

1. Executory Contracts and Unexpired Leases

a. Assumptions and Rejection of Leases

The Debtor also rejected several leases and closed underperforming Sleep Apnea centers. The Debtor has already rejected the leases with TCP Partners in Orange County, Simon Levi Company, LTD in San Diego, IN-9240 Meridian, LLC in Indianapolis, Hoffman Development Co in St. Louis. Upon Confirmation of the plan, the leases in Birmingham, Ala and Vienna, Virginia will also be rejected.

All executory contracts and leases not explicitly assumed in the Debtor's plan of reorganization or by orders of this Court are hereby deemed rejected

The order confirming the Plan shall constitute an Order approving the rejection of the lease or contract. If you are a party to a contract or lease to be rejected and you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

Currently, there are other no adversary proceedings pending.

THE BAR DATE FOR FILING A PROOF OF CLAIM OTHER THAN A GOVERNMENTAL CLAIM WAS January 5, 2022, AND GOVERNMENTAL CLAIM WAS April 5, 2022. Any claim based on the rejection of a contract or lease will be barred unless the claim is made within thirty (30) days of the order confirming the Chapter 11 Plan.

B. Changes in Rates Subject to Regulatory Commission Approval

This Debtor is not subject to governmental regulatory commission approval of its rates.

C. Retention of Jurisdiction.

The Court shall retain jurisdiction for purposes of granting a discharge to Debtor, determining any and all objections to the amounts of claims, applications for compensation and expenses, to enforce the provisions of the Plan, to correct any defect, cure any omissions or reconcile any inconsistency in the Plan, and to determine such other matters as may be provided for in the Order of the Court confirming the Plan.

IV.

EFFECT OF CONFIRMATION OF PLAN

A. Discharge

The Debtor, which is a corporation, is not entitled to a discharge pursuant to 11 U.S.C. §1141(d)(3)(C), however, after the effective date of the Plan your claims against the Debtor will be limited to the debts described in the plan.

B. Revesting of Property in the Debtor

Except as provided elsewhere in the Plan, the confirmation of the Plan revests all of the property of the estate in the Debtor.

B. Modification of Plan

The Proponent of the Plan may modify the Plan at any time before confirmation. However, the Court may require a new disclosure statement and/or revoting on the Plan. The Proponent of the Plan may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated and (2) the Court authorizes the proposed modifications after notice and a hearing.

D. Post-Confirmation Status Report

The Debtor shall furnish post-confirmation quarterly reports by the 15th of the month following the end of the quarter. This obligation of the Debtor shall continue after the Final Decree is entered in this matter until all Plan payments have been completed..

E. Quarterly Fees

Quarterly fees accruing under 28 U.S.C. § 1930(a)(6) to date of confirmation shall be paid to the United States Trustee on or before the effective date of the plan. Quarterly fees accruing under 28 U.S.C. § 1930(a)(6) after confirmation shall be paid to the United States Trustee in accordance with 28 U.S.C. § 1930(a)(6) until entry of a final decree, or entry of an order of dismissal or conversion to chapter 7.

F. Post-Confirmation Conversion/Dismissal

A creditor or party in interest may bring a motion to convert or dismiss the case under § 1112(b), after the Plan is confirmed, if there is a default in performing the Plan. If the Court

orders, the case converted to Chapter 7 after the Plan is confirmed, then all property that had been property of the Chapter 11 estate, and that has not been disbursed pursuant to the Plan, will revert in the Chapter 7, estate. The automatic stay will be reimposed upon the reverted property, but only to the extent that relief from stay was not previously authorized by the Court during this case.

The order confirming the Plan may also be revoked under very limited circumstances. The Court may revoke the order if the order of confirmation was procured by fraud and if the party in interest brings an adversary proceeding to revoke confirmation within 180 days after the entry of the order of confirmation.

G. Final Decree

Once the estate has been fully administered as referred to in Bankruptcy Rule 3022, the Plan Proponent, or other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case.

Respectfully submitted,

/s/ Steven L. Lefkovitz, No. 5953

STEVEN L. LEFKOVITZ

Counsel to the Debtor

908 Harpeth Valley Place

Nashville, TN 37221

Phone: (615) 256-8300

Fax: (615) 255-4516

Email: slefkovitz@lefkovitz.com

EXHIBIT A - LIST OF ALL ASSETS
EXHIBIT B – DEBTOR’S MONTHLY INCOME AND EXPENSES
DURING THE PENDANCY OF THE BANKRUPTCY CASE
EXHIBIT C - LIST OF GENERAL UNSECURED CLAIMS
EXHIBIT D – LIST OF ALL OF THE TAX OR GOVERNMENTAL CLAIMS
EXHIBIT E – BALANCE SHEET OF ALL ENTITIES

SEE ATTACHED EXHIBITS

Fill in this information to identify the case:

Debtor name **American Sleep Medicine LLC EXHIBIT C**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:21-bk-02741**☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Abby Holmes 4930 Woodcock Cir Louisville, KY 40213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$950.75	\$950.75
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Abigail Asis 12386 Acosta Oaks Dr. Jacksonville, FL 32258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,137.19	\$2,137.19
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC Name	Case number (if known)	3:21-bk-02741
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2.3	Priority creditor's name and mailing address Adeano Corella 7 San Mieguel Dr Apt E Saint Charles, MO 63303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Alicia Hutton 7300 Wintergreen Ct Greenbelt, MD 20770	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,280.00	\$1,280.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Alona Dunn 841 Xenia St SE Washington, DC 20032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,161.30	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Amanda Wallace 5701 Briarwick Ct Hermitage, TN 37076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,856.34	\$1,856.34
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

3:21-bk-02741

2.7	Priority creditor's name and mailing address Ana Sanchez 5107 Camellia Cir S Jacksonville, FL 32207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,305.97	\$1,305.97
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Angelica Moreno 11735 Genway Dr Houston, TX 77070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,339.60	\$1,339.60
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Angelique Jackson 3401 Primm Ln Apt B Birmingham, AL 35216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,098.43	\$1,098.43
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Anthony J Ardon 22845 Climbing Rose Dr. Moreno Valley, CA 92551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,203.96	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

3:21-bk-02741

2.11	Priority creditor's name and mailing address Autumn Love 1179 Abernathy Rd Ashland City, TN 37015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$717.30	\$717.30
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address Baylee Gabbard 5439 W 300 N Sharpsville, IN 46068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,300.53	\$1,300.53
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Belinda Davis 6984 Longleaf Branch Dr. Jacksonville, FL 32222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109.20	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address Bradley Sapp 2861 Georgetown Dr Birmingham, AL 35216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

3:21-bk-02741

2.15	Priority creditor's name and mailing address Brandi Olds 1669 Kirby Pkwy Suite 110 Memphis, TN 38120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address Brianna Rush 2760 Mayport Rd Box #87 Atlantic Beach, FL 32233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,451.10	\$1,451.10
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address Camila Olcese 4 West Nelson Ave Alexandria, VA 22301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,173.25	\$1,173.25
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address Candyce Newson 1718 Port Oak Pl Memphis, TN 38120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,040.00	\$1,040.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Carrie Haney 8048 Cumberland Gap Trl N Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,139.24	\$1,139.24
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address Cassandra Chann 7237 Oakwood Dr. Jacksonville, FL 32211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,324.95	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address Charles Mercado 1398 Anthony Mill Rd Tullahoma, TN 37388	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,288.25	\$1,288.25
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address Cheryl Sefraoui 19111 Edens Dawn Dr Tomball, TX 77375	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Christopher Staley 114 3rd Ave Mount Pleasant, TN 38474	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,340.05	\$2,340.05
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address Connie Sevinsky 1300 Atlantic Blvd #1903 Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,976.25	\$1,976.25
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address Coral Baylor 1389 Southshore Dr. Fleming Island, FL 32003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,010.37	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address Corron Wilson 18034 Cottage Garden Dr Germantown, MD 20874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,401.68	\$1,401.68
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address Corvon Jordan 5047 Louisiana St Saint Louis, MO 63111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$836.05	\$836.05
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Cristina Gendive 7347 Hielo Dr Jacksonville, FL 32211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$629.10	\$629.10
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Dalila Goss 12008 Winding Creek Way Germantown, MD 20874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,134.50	\$2,134.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Damali Blackwood 6962 Clearwater Pk Ct N Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,085.20	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Daniel Fleri 713 Plaza Dr O Fallon, MO 63366	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,784.46	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address Darrisa Daniels 4090 Hodges Blvd Unit 1810 Jacksonville, FL 32224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,143.22	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address Darrius Hill 496 Pickett Dr Memphis, TN 38109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74.53	\$74.53
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address David Yount 15101 Falconbridge Terrace Gaithersburg, MD 20878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,192.00	\$3,192.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Dayna Terrell 1142 Akers Dr Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,846.15	\$1,846.15
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address Deanna Martin 3344 Schofield Ave Indianapolis, IN 46218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$373.37	\$373.37
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address Deanna Sides 2985 Old Brownsville Rd Memphis, TN 38134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,099.96	\$2,099.96
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address Diana Gover 5918 Woods Rd Stewartstown, PA 17363	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$741.03	\$741.03
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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	Name				
2.39	Priority creditor's name and mailing address Edna Brown 4150 S Germantown Rd Memphis, TN 38125	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,050.52	\$0.00
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.40	Priority creditor's name and mailing address Elena Desiatkin 1554 E Hastings Way Placentia, CA 92870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$360.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.41	Priority creditor's name and mailing address Elisha Battle 36 Colby Ave Claymont, DE 19703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,343.57	\$0.00
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.42	Priority creditor's name and mailing address Emma Wallis 2115 West Aventura Way Apt 1311 Saint Louis, MO 63146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,333.50	\$1,333.50
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.43	Priority creditor's name and mailing address Eric Johnson 7037 N College St Indianapolis, IN 46220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address Erta Hysesani 9595 Amarante Cir Unit 14 Jacksonville, FL 32257	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,538.46	\$1,538.46
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address Eugene Lecompte 540 Dovedale Ln Alvin, TX 77511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,594.22	\$1,594.22
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address Feyintola Iroko 754 Maury Ave Oxon Hill, MD 20745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,459.63	\$1,459.63
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Florence Coles 13990 Bartram Park Blvd Apt 718 Jacksonville, FL 32258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,320.79	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address Francis Severin 3418 Horncastle Ct Pearland, TX 77584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,288.50	\$2,288.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address Geron Canidate 1037 Rolling Hills Dr. #5 Anaheim, CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,576.92	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address Gilberto Urriola-Brewster 3942 Waterford Oaks Dr Orange Park, FL 32065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,760.00	\$1,760.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address Golfam Javanoskoei 302 E Joppa Rd Apt 1804 Towson, MD 21286	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$160.81	\$160.81
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address Guadalupe Arredondo 1410 Hankamer Pasadena, TX 77506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$645.90	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address Gwyneth Mercado-Perez 1591 Lane Ave S, F-201 Jacksonville, FL 32210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,240.77	\$1,240.77
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address Hayley Harman 2 Spiveys Ct Ormond Beach, FL 32174	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$108.52	\$108.52
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Heather Larrabee 450 Misty Patch Rd. Coatesville, PA 19320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,252.50	\$2,252.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address Heather Sweat 5704 Gasparilla Park Ct Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,640.00	\$1,640.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address Hector Trinidad-Abreu 6102 Sage Willow Way Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,283.46	\$1,283.46
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address Helen Le 7360 Sterling Ave Apt 29 San Bernardino, CA 92410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$178.57	\$178.57
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address Helena Pacheco 4400 Whitmer Dr #10 Woodbridge, VA 22193	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$686.00	\$686.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.60	Priority creditor's name and mailing address Holly Petranick 2610 State Rd A1A #306 Atlantic Beach, FL 32233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,372.47	\$1,372.47
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	Priority creditor's name and mailing address IRS CNTRLZD INSOLVENCY OPRTN PO BOX 7346 PHILADELPHIA, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	Priority creditor's name and mailing address Jacqueline Lyons 17573 Shale Dr Hagerstown, MD 21740	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,184.00	\$1,184.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Jacqueline Rodriguez 385 S Manchester Ave Apt 4104 Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,328.29	\$2,328.29
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Jaime Gonzalez 7447 Eastpoint Blvd Baytown, TX 77521	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$307.67	\$307.67
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address James Yap 36 Quail Creek Ln Pomona, CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,320.00	\$1,320.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Jeanette Olney 38 Sassafras Ct Brandenburg, KY 40108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,440.00	\$1,440.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name				
2.67	Priority creditor's name and mailing address JeAnna Lane 1775 Bluejay Dr Middleburg, FL 32068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,360.00	\$1,360.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address Jennifer D Campos 304 Dunwick Ln Pasadena, TX 77502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,318.35	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address Jennifer Johnson 140 N Sunshine #1 El Cajon, CA 92020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,456.20	\$1,456.20
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address Jennifer Sparrenberger 8293 Wintersgate Olive Branch, MS 38654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,000.00	\$2,000.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address Jennifer Sergeant 1666 Ponderosa Pine Dr W Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,560.00	\$1,560.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address Jerry Lauch 129 Pearl St Jeffersonville, IN 47130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,923.08	\$6,923.08
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address John Carpenter 7106 Rudisill Ct Windsor Mill, MD 21244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$396.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address John Jackson 2739 Midland Crossing Ct Maryland Heights, MO 63043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$737.50	\$737.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.75	Priority creditor's name and mailing address John Moceyunas 368 W Blackjack Branch Way Saint Johns, FL 32259	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,538.46	\$2,538.46
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	Priority creditor's name and mailing address Jordan Martin 506 Big Horn Dr League City, TX 77573	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	Priority creditor's name and mailing address Josephina Kim 32 Hobb Ct Perry Hall, MD 21128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,291.73	\$1,291.73
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	Priority creditor's name and mailing address Julia Ramos 5225 Pooks Hill Rd Bethesda, MD 20814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$345.00	\$345.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.79	Priority creditor's name and mailing address Kaitlyn Martin 6617 Ovington Rd Jacksonville, FL 32216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,601.66	\$1,601.66
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	Priority creditor's name and mailing address Kallie Goetz 5130 Bluff Springs Cove Arlington, TN 38002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$205.42	\$205.42
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address Katelynn Bohannon 2541 Woodlawn Rd. Shelbyville, KY 40065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,249.79	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address Kathleen Lawler 6282 Rolling Tree St Jacksonville, FL 32222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,371.62	\$1,371.62
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.83	Priority creditor's name and mailing address Kayla N Alston 711 N Wedgewood St Baltimore, MD 21229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,259.27	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.84	Priority creditor's name and mailing address Kaziah Hernandez 66715 Hacienda Ave Desert Hot Springs, CA 92240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,710.78	\$1,710.78
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.85	Priority creditor's name and mailing address Keisha Thornton 1903 Woodbourne Ave Baltimore, MD 21239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,269.30	\$1,269.30
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.86	Priority creditor's name and mailing address Kelli Cooper 1119 W 7th St Wilmington, DE 19805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$522.25	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.87	Priority creditor's name and mailing address Kelly Cummings 13 Aspen Pl Bellmawr, NJ 08031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.88	Priority creditor's name and mailing address Kelly Wooten 19620 Waters Rd Apt 3-414 Germantown, MD 20874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,383.00	\$2,383.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.89	Priority creditor's name and mailing address Kenia Montes 2130 W 12th St Santa Ana, CA 92703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,098.30	\$1,098.30
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.90	Priority creditor's name and mailing address Kennedy Obert 1029 S Booth Ln Alvin, TX 77511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,535.85	\$1,535.85
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address Kenney Martinez 1100 Anchorage St Wilmington, DE 19805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,308.00	\$1,308.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.92	Priority creditor's name and mailing address Kharissa Linares 14935 Spring St Fontana, CA 92335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,118.50	\$1,118.50
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.93	Priority creditor's name and mailing address Kristin Harmon 8260 Country Squire Pl #7 Cordova, TN 38018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,360.00	\$1,360.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.94	Priority creditor's name and mailing address Kyle McKillip 232 Avenida Victoria B San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,130.72	\$2,130.72
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.95	Priority creditor's name and mailing address Kyle Morrison 1072 Rocky Springs Rd. Frederick, MD 21702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,232.55	\$1,232.55
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.96	Priority creditor's name and mailing address Laura Glenn 5280 Little Mountain Dr N14 San Bernardino, CA 92407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.00	\$300.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97	Priority creditor's name and mailing address Lawrence Southern 85758 Black Tern Dr Yulee, FL 32097	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,122.00	\$1,122.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98	Priority creditor's name and mailing address Lee Thomas 3035 McVay Tr Dr Memphis, TN 38119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$643.50	\$643.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.99	Priority creditor's name and mailing address Lily Westerlin 2326 Pin Hook Ct Seabrook, TX 77586	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$700.00	\$700.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.100	Priority creditor's name and mailing address Lori Chew 227 N Washington Knightstown, IN 46148	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$362.30	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	Priority creditor's name and mailing address Lori Lopez 5353 Clapboard Creek Jacksonville, FL 32226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,415.82	\$3,415.82
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	Priority creditor's name and mailing address Lyle Day 202 Cusick Ct Murfreesboro, TN 37128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,153.85	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.103	Priority creditor's name and mailing address Madalyn Montes 4403 Knightsbridge Blvd Sugar Land, TX 77479	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$640.35	\$640.35
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address Marisela Sanchez 453 N Emerald Dr Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$750.55	\$750.55
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address Maritza Mendiola-Flores 731 8th Ave Wilmington, DE 19808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$428.17	\$428.17
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address Mark Borgel 204 Redmar Blvd Radcliff, KY 40160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$867.50	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.107	Priority creditor's name and mailing address Marlon Sampson 3511 Dunedin Dr Apt 102 Chesapeake, VA 23321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00	\$1,500.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.108	Priority creditor's name and mailing address Mary Oliver 1698 Ponderosa Pine Dr W Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,600.13	\$1,600.13
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address McKenzie Foster 6504 Fernill Ct Louisville, KY 40291	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,068.25	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address Meghan Thompson 44 History Ct Wentzville, MO 63385	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,310.42	\$1,310.42
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
	Name				
2.111	Priority creditor's name and mailing address Melissa Coleman 170 Sharpe St. Sterrett, AL 35147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,499.73	\$0.00
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.112	Priority creditor's name and mailing address Michele Fucci 5541 Greatpine Lane N Jacksonville, FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,444.05	\$1,444.05
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.113	Priority creditor's name and mailing address Michelle Hutson 1327 Lake Asbury Dr Green Cove Springs, FL 32043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$2,285.58	\$2,285.58
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.114	Priority creditor's name and mailing address Miranda Wyatt 4825 Sherburn Ln #110 Louisville, KY 40207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,270.50	\$1,270.50
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

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2.115	Priority creditor's name and mailing address Monica Paire 1128 West Cross St Baltimore, MD 21230	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,085.62	\$1,085.62
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.116	Priority creditor's name and mailing address Nichole Leno 7200 Powers Ave Apt 75 Jacksonville, FL 32217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,495.88	\$1,495.88
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.117	Priority creditor's name and mailing address Odette Toro Alvarez 13322 Tropic Egret Dr Jacksonville, FL 32224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,076.92	\$2,076.92
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.118	Priority creditor's name and mailing address Omar Ramirez 564 Arizona St Apt 114 Chula Vista, CA 91911	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,080.00	\$1,080.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.119	Priority creditor's name and mailing address Pamela Starr 2318 Tavenor Dr Louisville, KY 40242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,923.08	\$1,923.08
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.120	Priority creditor's name and mailing address Penn Martin 2655 College St Jacksonville, FL 32204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,177.74	\$1,177.74
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	Priority creditor's name and mailing address Peyton Machado 10010 Skinner Lake Dr #232 Jacksonville, FL 32246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,303.20	\$1,303.20
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	Priority creditor's name and mailing address Rajko Kovacevic 316 Walnut St Waynesboro, PA 17268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,073.00	\$2,073.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
Name					
2.123	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,480.78	\$2,480.78
	Rebecca Kpagbi 19853 Century Blvd Apt 203 Germantown, MD 20874	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.124	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,500.00	\$2,500.00
	Rebekah Wolverton 5729 Main St Mount Jackson, VA 22842	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.125	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$1,377.00	\$1,377.00
	Renee Wallace 25 Millswood Dr Clarksville, TN 37042	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.126	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,348.75	\$2,348.75
	Richard Robb 115 Drew Ln Bell Buckle, TN 37020	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Debtor **American Sleep Medicine LLC**
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2.127	Priority creditor's name and mailing address Robert J Anderson 4657 Rocky Hollow Dr. Indianapolis, IN 46239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.50	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.128	Priority creditor's name and mailing address Robert Lacey 13370 Grouse Point Tr Carmel, IN 46033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,423.08	\$2,423.08
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	Priority creditor's name and mailing address Robert Ntondji 7227 Mill Creek Ct Laurel, MD 20707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,312.00	\$2,312.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	Priority creditor's name and mailing address Robert Pritchard 6223 Camden Cir Crestwood, KY 40014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

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2.131	Priority creditor's name and mailing address Robert Solomon 11584 Lake Ride Dr Jacksonville, FL 32223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,334.03	\$1,334.03
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.132	Priority creditor's name and mailing address Robin Dantilux 3500 University Blvd N Apt 2632 Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,145.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.133	Priority creditor's name and mailing address Rochelle Pottinger 5601 Edenfield Rd Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$719.75	\$719.75
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.134	Priority creditor's name and mailing address Rose Samuel 11247 San Jose Blvd Apt 2108 Jacksonville, FL 32223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,660.05	\$1,660.05
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.135	Priority creditor's name and mailing address Ruth Dorsey 1124 Taylor Wood Rd. Simpsonville, KY 40067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$982.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.136	Priority creditor's name and mailing address Ryanne Foutch 7103 Beard Ct La Vergne, TN 37086	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,305.20	\$1,305.20
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.137	Priority creditor's name and mailing address Samantha McDonald 19303 Lake Hollow Ln Houston, TX 77084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,635.75	\$1,635.75
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.138	Priority creditor's name and mailing address Sandra B Sandefur 13362 Harrington Loop Vance, AL 35490	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,050.03	\$1,050.03
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.139	Priority creditor's name and mailing address Sandra King 2412 Sam Rd Jacksonville, FL 32216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,507.75	\$1,507.75
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.140	Priority creditor's name and mailing address Sara Hignight 3210 Oakwood Cove Olive Branch, MS 38654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,566.80	\$1,566.80
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.141	Priority creditor's name and mailing address Sarai Coronado-Ziadie 17 Desellum Ave Gaithersburg, MD 20877	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$841.07	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.142	Priority creditor's name and mailing address Seanna Shaw 25744 Valley Park Terrace Damascus, MD 20872	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,502.85	\$1,502.85
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**
Name

Case number (if known)

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2.143	Priority creditor's name and mailing address Seveneh Jenkins 1709 Molly Dr. Birmingham, AL 35235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$630.37	\$630.37
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.144	Priority creditor's name and mailing address Shari Marotta 3601 Buckholt Street Pearland, TX 77581	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,692.31	\$2,692.31
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.145	Priority creditor's name and mailing address Shawna L Anderson 3629 Longridge Ct Abingdon, MD 21009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,249.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.146	Priority creditor's name and mailing address Sheila Hall 3145 Vera Valley Rd Franklin, TN 37064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$53.07	\$53.07
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.147	Priority creditor's name and mailing address Shelby O'Brien 3015 Apple Valley Ln Birmingham, AL 35215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$2,500.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148	Priority creditor's name and mailing address Sherae Smith 100 Old York Rd Apt 904 Jenkintown, PA 19046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$323.10	\$323.10
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149	Priority creditor's name and mailing address Sophia Stewart 3500 University Blvd N Apt 2632 Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,517.95	\$1,517.95
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.150	Priority creditor's name and mailing address Soufiane Faris 1950 E 16th St M207 Newport Beach, CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	Name	Case number (if known)		
	American Sleep Medicine LLC		3:21-bk-02741	
2.151	Priority creditor's name and mailing address Stephanie Sprague 3017 Chief Ridaught Tr Middleburg, FL 32068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,038.46	\$2,038.46
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.152	Priority creditor's name and mailing address Summer Powell 1036 Preakness Ct Jacksonville, FL 32218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,444.65	\$1,444.65
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.153	Priority creditor's name and mailing address Takeria Whitehead 3062 Latimer Rd Horn Lake, MS 38637	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,820.40	\$1,820.40
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.154	Priority creditor's name and mailing address Tania Shuman 1157 Creeks Ridge Rd Jacksonville, FL 32225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,976.50	\$1,976.50
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.155	Priority creditor's name and mailing address Taysa Tehada-Fernandez 49 Arden Ave New Castle, DE 19720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,421.50	\$2,421.50
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.156	Priority creditor's name and mailing address Terry Crutch PO Box 1161 Town Creek, AL 35672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,282.28	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.157	Priority creditor's name and mailing address Theresa Holmes 118 Sunset Farms Rd Coxs Creek, KY 40013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,606.55	\$3,606.55
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.158	Priority creditor's name and mailing address Thomaria Dawkins 10730 Westonhill Dr. San Diego, CA 92126	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,467.45	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.159	Priority creditor's name and mailing address Tina Bibee 469 Bentwood Ln Apt B Orange Park, FL 32073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,385.10	\$0.00
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.160	Priority creditor's name and mailing address Tyra Dunn 1535 45th St NE Washington, DC 20019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$257.70	\$0.00
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.161	Priority creditor's name and mailing address Valerie O'Farrell 7322 Maple Walk Dr Humble, TX 77346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,744.45	\$1,744.45
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.162	Priority creditor's name and mailing address Victoria Gaytan 5901 Woodland Trace Blvd Indianapolis, IN 46237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,198.63	\$1,198.63
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.163	Priority creditor's name and mailing address Victoria Hammer 8922 Driftstone Dr Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$354.88	\$354.88
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.164	Priority creditor's name and mailing address Wahid T Atmar 43489 Towngate Sq Chantilly, VA 20152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.165	Priority creditor's name and mailing address Wesley Hammox 110 Old Stone Cir Manchester, TN 37355	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,423.08	\$2,423.08
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.166	Priority creditor's name and mailing address William Kitterman 4908 Fury Way Louisville, KY 40258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$297.08	\$297.08
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.167	Priority creditor's name and mailing address William Mazer 4542 Oak Bay Dr Jacksonville, FL 32277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,115.38	\$3,115.38
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.168	Priority creditor's name and mailing address Yohannes Eyob 9601 East Light Dr Silver Spring, MD 20903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,997.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address Access Voice & Data Sol 1441 Lincoln Ave Louisville, KY 40213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$802.50	
3.2	Nonpriority creditor's name and mailing address Acorn Belfort Park 4500 Salisbury Rd Ste 420 Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.3	Nonpriority creditor's name and mailing address Alaa Keliny 1031 Glastonbury Rd Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.30	

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3.4	Nonpriority creditor's name and mailing address Alan Wynne 8031 SW 12th St Topeka, KS 66615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.22
3.5	Nonpriority creditor's name and mailing address Amanda Behn 7734 Trailwind Dr Cincinnati, OH 45242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$887.63
3.6	Nonpriority creditor's name and mailing address Amelia Aguilar 10075 Gate Pkwy N #309 Jacksonville, FL 32246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.52
3.7	Nonpriority creditor's name and mailing address Amerco Real Estate 2727 N Central Ave Ste 500 Phoenix, AZ 85004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address Anago Cleaning Systems 7563 Phillips Hwy Bldv 300 Suite 301 Jacksonville, FL 32256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,664.75
3.9	Nonpriority creditor's name and mailing address Angelia Daugherty 8111 Aspen Glen Dr Louisville, KY 40228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.78
3.10	Nonpriority creditor's name and mailing address AT&T ATTN: BANKRUPTCY DEPT 4331 COMMUNICATIONS DR #4W DALLAS, TX 75211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,753.56

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3.11	Nonpriority creditor's name and mailing address AT&T ATTN: BANKRUPTCY DEPT 4331 COMMUNICATIONS DR #4W DALLAS, TX 75211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.12	Nonpriority creditor's name and mailing address Atlas Alarms LLC c/o Cornerstone Billing PO Box 428 Bedford Park, IL 60499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.90
3.13	Nonpriority creditor's name and mailing address AZJ Cleaning 1408 Ave H Apt 10 South Houston, TX 77587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.00
3.14	Nonpriority creditor's name and mailing address BC Commercial Prop 1655 International PI Dr Ste 205 Memphis, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,505.65
3.15	Nonpriority creditor's name and mailing address Belfort 3 Partner c/o NAI Hallmark 6675 Corporate Center pkwy Ste 100 Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,556.71
3.16	Nonpriority creditor's name and mailing address Benita Spencer 4718 Bob Brill Rd Bessemer, AL 35022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.58
3.17	Nonpriority creditor's name and mailing address Boone Blvd Owner PO Box 821332 Philadelphia, PA 19182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,028.30

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3.18	Nonpriority creditor's name and mailing address Boxwood Technology PO Box 677248 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,842.50
3.19	Nonpriority creditor's name and mailing address Brandi Olds 1669 Kirby Pkwy Suite 110 Memphis, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.82
3.20	Nonpriority creditor's name and mailing address Brian Burbank 607 E South A St Gas City, IN 46933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.00
3.21	Nonpriority creditor's name and mailing address Brian Towell 1630 S Greystone Ct Bloomington, IN 47401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.60
3.22	Nonpriority creditor's name and mailing address Bridges for the Deaf 935 Edgehill Ave Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
3.23	Nonpriority creditor's name and mailing address Building Stars PO Box 419161 Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,190.00
3.24	Nonpriority creditor's name and mailing address Careerbuilder.com 13047 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

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3.25	Nonpriority creditor's name and mailing address CEC 200 LLC 200 Continental Dr Ste 200 Newark, DE 19713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,278.15
3.26	Nonpriority creditor's name and mailing address CGS Administrators PO Box 957065 Saint Louis, MO 63195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.09
3.27	Nonpriority creditor's name and mailing address Chad Hauseman 4609 Marsh Hawk Pl Ponte Vedra Beach, FL 32082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.31
3.28	Nonpriority creditor's name and mailing address Chayn Mousa 13455 Cutten Rd Ste 1B Houston, TX 77069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,310.00
3.29	Nonpriority creditor's name and mailing address Chris Douglas Dickens - The Object 4825 Arroyo Tr Louisville, KY 40229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$726.00
3.30	Nonpriority creditor's name and mailing address Chris Pritchard 4010 DuPont Cir Ste 122 Louisville, KY 40207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.56
3.31	Nonpriority creditor's name and mailing address Christin McCumber 32035 Joseph Rd Hockley, TX 77447 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00

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3.32	Nonpriority creditor's name and mailing address Christopher Debnam 5 Tender Ct Wilmington, DE 19808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.52
3.33	Nonpriority creditor's name and mailing address Cirro Energy Us Retailers LLC PO Box 660004 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.54
3.34	Nonpriority creditor's name and mailing address City Wide Maintenance Co Inc 15230 West 105th Terrace Lenexa, KS 66219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.21
3.35	Nonpriority creditor's name and mailing address CNA Insurance PO Box 74007619 Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,027.08
3.36	Nonpriority creditor's name and mailing address Comcast PO Box 71211 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.36
3.37	Nonpriority creditor's name and mailing address Comcast PO Box 3001 Southeastern, PA 19398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$862.36
3.38	Nonpriority creditor's name and mailing address Comcast PO Box 660618 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670.26

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3.39	Nonpriority creditor's name and mailing address Comptroller of MD Revenue Admin Division 110 Carroll St Annapolis, MD 21411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.09
3.40	Nonpriority creditor's name and mailing address Cooks Pest Control PO Box 341898 Memphis, TN 38184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.41	Nonpriority creditor's name and mailing address Cooper Pest Solutions 351 Lawrence Station Rd Lawrence Township, NJ 08648 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.30
3.42	Nonpriority creditor's name and mailing address Crystal Springs PO Box 660579 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.10
3.43	Nonpriority creditor's name and mailing address Cube Smart 8585 Touchton Rd Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$606.08
3.44	Nonpriority creditor's name and mailing address Cypress Creek Pest Control PO Box 690548 Houston, TX 77269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.55
3.45	Nonpriority creditor's name and mailing address Cyracom LLC PO Box 74008083 Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.26

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3.46	Nonpriority creditor's name and mailing address DAL Maintenance LLC Attn: Accts Dept. Po Box 388 Kemah, TX 77565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,575.00
3.47	Nonpriority creditor's name and mailing address David Yee 3310 Lauren Oaks Ct Herndon, VA 20171 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.22
3.48	Nonpriority creditor's name and mailing address DBL Law 207 Thomas More Pkwy Ft Mitchell, KY 41017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,915.50
3.49	Nonpriority creditor's name and mailing address Deanna Sides 2985 Old Brownsville Rd Memphis, TN 38134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.29
3.50	Nonpriority creditor's name and mailing address Delta Telephone and Cabling Inc 2131 Espey Ct Suite 16 Crofton, MD 21114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00
3.51	Nonpriority creditor's name and mailing address Design Resource Cer PO Box 43565 Birmingham, AL 35243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,629.34
3.52	Nonpriority creditor's name and mailing address Diana Whetstone 29517 County Rd 10 Elkhart, IN 46514 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.81

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3.53	Nonpriority creditor's name and mailing address DL Williams Electric Co Inc 11630 Columbia Park Dr E Jacksonville, FL 32258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.00
3.54	Nonpriority creditor's name and mailing address Dr. Ammar Almasalkhi 18710 Brookeshade Ln Louisville, KY 40245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.55	Nonpriority creditor's name and mailing address Dr. Aneesa Keya 14400 Quietwood Terrace N Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,194.37
3.56	Nonpriority creditor's name and mailing address Dr. Bao 6699 Alvarado Rd. Ste 2306 San Diego, CA 92120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.57	Nonpriority creditor's name and mailing address Dr. Bertrand De Silva 4121 Brockton Ave Ste 104 Riverside, CA 92501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.58	Nonpriority creditor's name and mailing address Dr. Giangreco MD 1741 Allerford Dr. Hanover, MD 21076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$938.47
3.59	Nonpriority creditor's name and mailing address Dr. Houman Dahi 501 Washington Stt Suite 725 San Diego, CA 92103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,153.20

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3.60	Nonpriority creditor's name and mailing address Dr. Imran Sharief 5114 E Crescent Dr. Anaheim, CA 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.61	Nonpriority creditor's name and mailing address Dr. James Roth 1600 McArthur St Manchester, TN 37355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.62	Nonpriority creditor's name and mailing address Dr. Joshua Aaron MD 6 Angelica Dr Avondale, PA 19311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,375.00
3.63	Nonpriority creditor's name and mailing address Dr. Kunwar Vohra Attn: Mark Anselment Ascension Ned 250 W 96th St Suite 520 Indianapolis, IN 46260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.64	Nonpriority creditor's name and mailing address Dr. Mahmood Dweik 1412 Caine Hill Ct. League City, TX 77573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.65	Nonpriority creditor's name and mailing address Dr. Mark Miller MD 3922 Clarks Meadow Dr Glenwood, MD 21738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,650.00
3.66	Nonpriority creditor's name and mailing address Dr. Martha Hagaman 523 Sandpiper Cir Nashville, TN 37221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,125.00

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3.67	Nonpriority creditor's name and mailing address Dr. Muhammad Zamar PO BOX 2285 Cordova, TN 38088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.68	Nonpriority creditor's name and mailing address Dr. Muhammed Niaz 107 N Bridge St Elkton, MD 21921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.69	Nonpriority creditor's name and mailing address Dr. R Dughly 325 Hospital Dr Glen Burnie, MD 21061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,209.04
3.70	Nonpriority creditor's name and mailing address Dr. Richard Hoffman 8101 Hinson Farm Rd. Ste 306 Alexandria, VA 22306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.71	Nonpriority creditor's name and mailing address Dr. Richard Parcinski 4200 N Cloverleaf Dr Ste G Saint Peters, MO 63376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.72	Nonpriority creditor's name and mailing address Dr. Salah Bagnoli 3599 University Blvd S Ste 901 Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,588.50
3.73	Nonpriority creditor's name and mailing address Dr. Sangjin Oh MDF 1412 Crain Hwy N Ste 6 A Glen Burnie, MD 21061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,975.46

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3.74	Nonpriority creditor's name and mailing address Dr. Sorresso 200 Blue Indigo Ct Ponte Vedra Beach, FL 32082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.75	Nonpriority creditor's name and mailing address Dr. Strahil Atanasov 2814 Creek Bend Dr Friendswood, TX 77546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.76	Nonpriority creditor's name and mailing address Dr. Syed Nabi MDF 157 Resource Center Pkwy Ste 115A Birmingham, AL 35242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,898.70
3.77	Nonpriority creditor's name and mailing address Dr. Toenjes Attn: Erin Doty 1890 Linehouse St Ponte Vedra Beach, FL 32082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.78	Nonpriority creditor's name and mailing address Dr. Wojciech Ornowski 16105 La Salle St South Holland, IL 60473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.79	Nonpriority creditor's name and mailing address Eco-Pest Inc 814 Bay Star Blvd Webster, TX 77598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.02
3.80	Nonpriority creditor's name and mailing address Ecolab Inc 26252 Network Pl Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.26

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3.81	Nonpriority creditor's name and mailing address Erin Smith 14914 W 74th St Shawnee, KS 66216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.37
3.82	Nonpriority creditor's name and mailing address Evelyn Sulecki 90 W Mill Station Dr Newark, DE 19711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.07
3.83	Nonpriority creditor's name and mailing address FedEx PO Box 660481 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,602.01
3.84	Nonpriority creditor's name and mailing address Fein, Such, Kahn & Shepherd 7 Century Dr. Suite 201 Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.50
3.85	Nonpriority creditor's name and mailing address Fire and Water LLC c/o Hoffman Development Co 727 Craig Rd Ste 100 Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,350.40
3.86	Nonpriority creditor's name and mailing address Florida Blue 4800 Deerwood Campus Pkwy Corporate Cash Receipts 1-3 Jacksonville, FL 32246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,403.03
3.87	Nonpriority creditor's name and mailing address Florida Combined Life Dental Dept 1158 Po Box 121158 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,029.51

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3.88	Nonpriority creditor's name and mailing address Forrest Livingood 1420 Litton Ave Nashville, TN 37216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.89	Nonpriority creditor's name and mailing address Gabriela Bija 1412 Tampa Ct Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.81
3.90	Nonpriority creditor's name and mailing address GFL Environmental 3301 Benson Dr. Ste 601 Raleigh, NC 27609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.73
3.91	Nonpriority creditor's name and mailing address Ghods Law Firm 2100 N Broadway St Ste 210 Santa Ana, CA 92706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,083.61
3.92	Nonpriority creditor's name and mailing address Gregory Creason 2819 Wood Haul Ct League City, TX 77573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.75
3.93	Nonpriority creditor's name and mailing address Henry Schein Inc PO Box 371952 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.02
3.94	Nonpriority creditor's name and mailing address Hercules Houston Partner 2660 Townsgate Rd Ste 130 Westlake Village, CA 91361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,028.30

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3.95	Nonpriority creditor's name and mailing address Hiller Companies PO Box 935434 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.96	Nonpriority creditor's name and mailing address Home Medical Products Inc. 232 State St Jackson, TN 38301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00
3.97	Nonpriority creditor's name and mailing address I Dream of Cleaning Shannon T Brown 2258 Cardinal Dr. San Diego, CA 92123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.98	Nonpriority creditor's name and mailing address IN-9240 Meridian LLC 20416 Harper Ave Harper Woods, MI 48225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,845.88
3.99	Nonpriority creditor's name and mailing address Inga Sinyangwe 10 Hilary Cir New Castle, DE 19720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.52
3.100	Nonpriority creditor's name and mailing address IPFS Corp 24722 Network Pl Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,318.07
3.101	Nonpriority creditor's name and mailing address Jacob Hutchinson 233 Brentwood Dr Dry Ridge, KY 41035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.09

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3.102	Nonpriority creditor's name and mailing address James Bowman 210 Hailey Ave Brooklyn, MD 21225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.41
3.103	Nonpriority creditor's name and mailing address Jan-Pro of Washington DC 10801 Main St Suite 100 Fairfax, VA 22030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,396.04
3.104	Nonpriority creditor's name and mailing address Jani-King of Birmingham 2469 Sunset Point Rd Clearwater, FL 33765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,628.00
3.105	Nonpriority creditor's name and mailing address JEA PO Box 45047 Jacksonville, FL 32232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,623.90
3.106	Nonpriority creditor's name and mailing address Jeffrey Adams PO Box 12695 Kansas City, MO 64116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.77
3.107	Nonpriority creditor's name and mailing address Jerry Lauch Po Box A Q Carmel by the Sea, CA 93921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,175.56
3.108	Nonpriority creditor's name and mailing address Johnny Fossett 8937 Yeaman Dr Jacksonville, FL 32208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.58

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3.109	Nonpriority creditor's name and mailing address Johnson Controls Fire Protection Dept CH 10320 Palatine, IL 60074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171.74
3.110	Nonpriority creditor's name and mailing address Jonathan Ronk 9619 Quarter Moon Dr Pendleton, IN 46064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
3.111	Nonpriority creditor's name and mailing address Joseph Riding 732 Fawn Rd Newark, DE 19711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.112	Nonpriority creditor's name and mailing address Justin Burns 510 W Chelsea Dr #2 Ft Mitchell, KY 41017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.84
3.113	Nonpriority creditor's name and mailing address Karen McLaurin 2 Timbermill Ln Landenberg, PA 19350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$488.05
3.114	Nonpriority creditor's name and mailing address Kelly Carter 3914 Toreador Ct Bldg 4 Apt 6 Jacksonville, FL 32217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
3.115	Nonpriority creditor's name and mailing address Kentuckiana Pulmonary Dept 52937 PO Box 950154 Louisville, KY 40295 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00

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3.116	Nonpriority creditor's name and mailing address Kevin Higgins 44 Braid Hills Dr Saint Charles, MO 63304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.117	Nonpriority creditor's name and mailing address Kim Welch 16404 Eider St Bowie, MD 20716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.17
3.118	Nonpriority creditor's name and mailing address Kintisha Matthews 1121 Cimarron Tr Birmingham, AL 35215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00
3.119	Nonpriority creditor's name and mailing address LegalShield Po Box 2629 Ada, OK 74821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$377.70
3.120	Nonpriority creditor's name and mailing address Lincoln Financial Group PO Box 0821 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,614.58
3.121	Nonpriority creditor's name and mailing address Lisa Contino 4613 Statesmen Dr. Indianapolis, IN 46250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.75
3.122	Nonpriority creditor's name and mailing address Loyd Collis 185 Linwood Rd Sterrett, AL 35147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00

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3.123	Nonpriority creditor's name and mailing address Lynnette Turner 32 Hubbard Ln Milton, KY 40045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.19
3.124	Nonpriority creditor's name and mailing address Manny Lopez 5353 Clapboard Creek Dr. Jacksonville, FL 32226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.125	Nonpriority creditor's name and mailing address Marion County Treasurer PO Box 6145 Indianapolis, IN 46206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$914.26
3.126	Nonpriority creditor's name and mailing address Mark Fitzgerald 2240 Oscar Bradford Rd Hayden, AL 35079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.60
3.127	Nonpriority creditor's name and mailing address Marsha Wood 12911 Wooded Forest Rd Louisville, KY 40243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.14
3.128	Nonpriority creditor's name and mailing address Mary Galyan 8859 County Rd 350W Fishers, IN 46038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.07
3.129	Nonpriority creditor's name and mailing address Mary Hammond 928 Miller Ave Shelbyville, KY 40065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.86

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3.130	Nonpriority creditor's name and mailing address Maryland Park Center c/o Avison Young 700 12th Ave S Ste 302 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,471.68
3.131	Nonpriority creditor's name and mailing address Matthew McGarvey 313 North St Neptune Beach, FL 32266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.132	Nonpriority creditor's name and mailing address McKesson PO Box 933027 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,314.82
3.133	Nonpriority creditor's name and mailing address Metropolitan Pulm & Sleep 290 NE Tudor Rd Lees Summit, MO 64086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,400.00
3.134	Nonpriority creditor's name and mailing address Michael Bates 8702 Gunpowder Dr Indianapolis, IN 46256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.23
3.135	Nonpriority creditor's name and mailing address Michelle Mitchell American Sleep Med 660 Kenilworth Dr Ste 203 Towson, MD 21204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.136	Nonpriority creditor's name and mailing address Mike Hoffman 213 Evergreen Ave Newport, KY 41071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.96

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3.137	Nonpriority creditor's name and mailing address Montgomery Co MD PO Box 824860 Philadelphia, PA 19116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,578.77
3.138	Nonpriority creditor's name and mailing address Mr. Electric of Eastern Memphis 1056 Dent Eads, TN 38028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.82
3.139	Nonpriority creditor's name and mailing address Mr. Electric of Louisville 9014 Iona Ct Louisville, KY 40291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.140	Nonpriority creditor's name and mailing address MVAP Medical Supplies 2001 Corporate Center Dr Ste 250 Newbury Park, CA 91320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,145.33
3.141	Nonpriority creditor's name and mailing address Neurosleep PO Box 166 Fairfax Station, VA 22039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.87
3.142	Nonpriority creditor's name and mailing address Nikki Lester PO box 333 Birmingham, AL 35242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.90
3.143	Nonpriority creditor's name and mailing address North Shore Copier 4300 Regency Dr. Glenview, IL 60025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.00

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3.144	Nonpriority creditor's name and mailing address OCD Clean 2936 Landing Edge Dickinson, TX 77539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.145	Nonpriority creditor's name and mailing address Office Environment Company 1136 West Market St. Louisville, KY 40203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.51
3.146	Nonpriority creditor's name and mailing address Orchard Investment 660 Kennilworth Dr Ste 104 Towson, MD 21204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,296.42
3.147	Nonpriority creditor's name and mailing address Orkin 7046 Fairfield Business Center Dr Fairfield, OH 45014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.83
3.148	Nonpriority creditor's name and mailing address Orkin Pest Control 529 Stuart St. Jacksonville, FL 32254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.56
3.149	Nonpriority creditor's name and mailing address Passport Health Communications c/o Experian PO Box 886133 Los Angeles, CA 90088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,760.49
3.150	Nonpriority creditor's name and mailing address Paycor 4811 Montgomery Road Cincinnati, OH 45212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174,000.00

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NameCase number (if known) **3:21-bk-02741**

3.151	Nonpriority creditor's name and mailing address PEPCO PO Box 13608 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$782.38
3.152	Nonpriority creditor's name and mailing address Philips Medical Capital PO Box 92449 Cleveland, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.153	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371887 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,201.32
3.154	Nonpriority creditor's name and mailing address PITNEY BOWES - PURCHASE POWER PO BOX 371874 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,211.82
3.155	Nonpriority creditor's name and mailing address Private Eyes Inc 9080 Doluble Diamond Pkwy Ste C Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,743.00
3.156	Nonpriority creditor's name and mailing address Professional Towers c/o Sun Properties 4010 Dupont Cir Ste 700 Louisville, KY 40207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,580.22
3.157	Nonpriority creditor's name and mailing address Quast Development 3114 Hudnall Ln Ft Mitchell, KY 41017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.158	Nonpriority creditor's name and mailing address Queen Ester Barnes 239 Independence Way Springfield, NJ 07081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.89
3.159	Nonpriority creditor's name and mailing address Randstad Professionals PO Box 742689 Atlanta, GA 30374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,816.04
3.160	Nonpriority creditor's name and mailing address Red Force Fire and Security 1030-G West 23rd St Independence, MO 64055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.18
3.161	Nonpriority creditor's name and mailing address Regina Scudder 2381 Companion Cir Jacksonville, FL 32224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.57
3.162	Nonpriority creditor's name and mailing address Reliance Standard Life Insurance Attn: Accounting Dept 505 S Lenola Rd Ste 231 Moorestown, NJ 08057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$823.77
3.163	Nonpriority creditor's name and mailing address Reno Electric 728 El Monde Rd El Cajon, CA 92020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.164	Nonpriority creditor's name and mailing address Resmed Lockbox 534593 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,640.47

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3.165	Nonpriority creditor's name and mailing address Respironics PO Box 405740 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.20
3.166	Nonpriority creditor's name and mailing address Respironics PO Box 405740 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415,625.00
3.167	Nonpriority creditor's name and mailing address Ricoh USA 41602 PO Box 41602 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.06
3.168	Nonpriority creditor's name and mailing address Ricoh USA, INC 827577 PO Box 827577 Philadelphia, PA 19182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,458.47
3.169	Nonpriority creditor's name and mailing address RJ Young PO Box 415000 Nashville, TN 37241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.75
3.170	Nonpriority creditor's name and mailing address Robert Cole 3431 Putnam St Falls Church, VA 22042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.171	Nonpriority creditor's name and mailing address Robert Hodge 1060 Delaware Imperial Beach, CA 91932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.24

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3.172	Nonpriority creditor's name and mailing address Robert S. Griswold C/o Griswold Real Estate Management, Inc 5703 Oberlin Dr Suite 300 San Diego, CA 92121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,985.25
3.173	Nonpriority creditor's name and mailing address Roger Gilliam 1751 Drexal Rd. Dundalk, MD 21222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.65
3.174	Nonpriority creditor's name and mailing address Ron Daugherty 273 Prince Towne Dr Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.00
3.175	Nonpriority creditor's name and mailing address Sabatco 2900 Brooktree Lane Suite 100 Kansas City, MO 64119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.176	Nonpriority creditor's name and mailing address Sabatco LLC c/o Copaken Brooks 1100 Walnut St Ste 2000 Kansas City, MO 64106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address Safetouch Jacksonville Division 9550 Sunbeam Center Drive Jacksonville, FL 32257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$527.76
3.178	Nonpriority creditor's name and mailing address Salter Labs PO Box 639780 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,696.28

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3.179	Nonpriority creditor's name and mailing address San Diego Police Department Police Permit & Licensing - M5735 PO Box 121431 San Diego, CA 92112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.180	Nonpriority creditor's name and mailing address Sandra Fleming 1952 Goodhaven Dr Memphis, TN 38116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.181	Nonpriority creditor's name and mailing address SBA- SMALL BUSINESS ADMIN C/O US ATTY OFFICE 110 9TH AVE SO #A-961 NASHVILLE, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>This is a forgivable PPP loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.182	Nonpriority creditor's name and mailing address SBS Svcs Group Stratus Building So c/o Stratus Building Solutions PO Box 208299 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,918.58
3.183	Nonpriority creditor's name and mailing address Scrypt, Inc. PO Box 95290 Grapevine, TX 76099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.00
3.184	Nonpriority creditor's name and mailing address Shari Misler 11 Tunica Pass Ct Spring, TX 77389 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.36
3.185	Nonpriority creditor's name and mailing address Sherses Williams 7732 Susan Dr S Indianapolis, IN 46250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$586.83

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3.186	Nonpriority creditor's name and mailing address Shred-It USA-Chicago 28883 Network PI Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,023.70
3.187	Nonpriority creditor's name and mailing address Simon Levi Company c/o Pacific Coast Commercial 10721 Treena St STe 200 San Diego, CA 92131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,580.92
3.188	Nonpriority creditor's name and mailing address Simply Self Storage 4752 Hwy 280 Birmingham, AL 35255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.20
3.189	Nonpriority creditor's name and mailing address Sirote & Premutt PO Box 55509 Birmingham, AL 35255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.190	Nonpriority creditor's name and mailing address Smith, Gambrell, & Russell LLP 1230 Peachtree Street Suite 3100 Promenade Atlanta, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.191	Nonpriority creditor's name and mailing address Sparkletts PO Box 660579 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,045.39
3.192	Nonpriority creditor's name and mailing address SPBS Medical Equipment Sales 4431 Long Prairie Road Suite 100 Flower Mound, TX 75028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,766.15

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3.193	Nonpriority creditor's name and mailing address Spectrum Business PO Box 742616 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.47
3.194	Nonpriority creditor's name and mailing address Spectrum Business PO Box 1060 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.67
3.195	Nonpriority creditor's name and mailing address Staples Advantage Dept ATL PO Box 105748 Atlanta, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,372.07
3.196	Nonpriority creditor's name and mailing address Star Networkx LLC PO Box 211436 Louisville, KY 40221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.197	Nonpriority creditor's name and mailing address Stark Exterminators PO Box 55148 Birmingham, AL 35255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
3.198	Nonpriority creditor's name and mailing address Stinson Leonard Street Attn: Mark Jacobs 7700 Forsyth Blvd, Suite 1100 Saint Louis, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,098.00
3.199	Nonpriority creditor's name and mailing address Stratus Building Solutions of Houston 2537 S. Gessner Road #121 Houston, TX 77063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,330.74

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3.200	Nonpriority creditor's name and mailing address Suburban Owner LLC 4600 Touchton Rd E Bldg 100 Ste 501 Jacksonville, FL 32246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,921.40
3.201	Nonpriority creditor's name and mailing address Talena Cawthon 13926 Ridgewick Dr Jacksonville, FL 32218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519.37
3.202	Nonpriority creditor's name and mailing address TCP Partners Attn: Accounting 1901 E Fourth St Ste 360 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,601.64
3.203	Nonpriority creditor's name and mailing address TCS - Total Comfort Solutions, Inc. 4801 Executive Park Ct Bldg 200, Ste 203 Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
3.204	Nonpriority creditor's name and mailing address Teresa Lieb 727 Craig Rd Suite 101 Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.205	Nonpriority creditor's name and mailing address Terminix Processing Center PO Box 802155 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.02
3.206	Nonpriority creditor's name and mailing address The Salvo Law Group 185 Fairfield Avenue Suite 3C/3D Caldwell, NJ 07006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,011.75

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3.207	Nonpriority creditor's name and mailing address Thomas Morton 10788 Glenhurst Dr Independence, KY 41051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.208	Nonpriority creditor's name and mailing address Tim Crutchfield 18800 S 47th W Ave Mounds, OK 74047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.08
3.209	Nonpriority creditor's name and mailing address Transworld Systems Inc. - TSI PO Box 5511 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.25
3.210	Nonpriority creditor's name and mailing address TriWest VA Customer Service Attn: Refunds PO Box 14491 Florence, SC 29502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.89
3.211	Nonpriority creditor's name and mailing address TXU Energy PO Box 650638 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$926.02
3.212	Nonpriority creditor's name and mailing address UHC-United Healthcare PO Box 94017 Palatine, IL 60094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$633.53
3.213	Nonpriority creditor's name and mailing address ULINE PO Box 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.06

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**
NameCase number (if known) **3:21-bk-02741**

3.214	Nonpriority creditor's name and mailing address UPS PO Box 7247-0244 Philadelphia, PA 19170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.80
3.215	Nonpriority creditor's name and mailing address USAbLe Life PO Box 204678 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.08
3.216	Nonpriority creditor's name and mailing address Verizon New-internet only PO Box 15124 Albany, NY 12212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.99
3.217	Nonpriority creditor's name and mailing address Verizon VIE PO Box 660720 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.85
3.218	Nonpriority creditor's name and mailing address Voelker Litigation Group 600 W. Jackson Blvd #100 Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,519.32
3.219	Nonpriority creditor's name and mailing address Volatia 1327 Grandin Rd. SW Roanoke, VA 24015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.00
3.220	Nonpriority creditor's name and mailing address Watchlight Corporation/Alarm Rel 111 S. Marshall Ave El Cajon, CA 92020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.40

Debtor **American Sleep Medicine LLC**
NameCase number (if known) **3:21-bk-02741**

3.221	Nonpriority creditor's name and mailing address Waterlogic PO Box 677867 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,127.22
3.222	Nonpriority creditor's name and mailing address Waystar aka ZirMed 1311 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,040.05
3.223	Nonpriority creditor's name and mailing address Welders Supply PO Box 21007 Louisville, KY 40221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.08
3.224	Nonpriority creditor's name and mailing address Windstream Communications PO Box 9001950 Louisville, KY 40290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,039.40
3.225	Nonpriority creditor's name and mailing address WM Rickman Const 15215 Shady Grove Rd Ste 201 Rockville, MD 20850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,050.90
3.226	Nonpriority creditor's name and mailing address Womack Industries, Inc. 131 Congressional Lane Rockville, MD 20852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AT&T PO BOX 5019 Carol Stream, IL 60197	Line 3.10 <input type="checkbox"/> Not listed. Explain ____	—

American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**

Name

Case number (if known) **3:21-bk-02741**

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.2 **AT&T**
PO Box 5025
Carol Stream, IL 60197

Line **3.11**

—

☐ Not listed. Explain _____

4.3 **IRS**
C/O US ATTY OFFICE
110 9TH AVE SO #A-961
NASHVILLE, TN 37203

Line **2.61**

—

☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **250,837.26**5b. + \$ **1,438,466.89**5c. \$ **1,689,304.15**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) **3:21-bk-02741**

ASSETS AS OF COMMENCEMENT OF THE CASE

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)
Name of institution (bank or brokerage firm) Type of account

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. ServisFirst

Checking

\$90,056.43

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$90,056.43

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>839,896.37</u>	-	<u>0.00</u>	=	<u>\$839,896.37</u>
	face amount		doubtful or uncollectible accounts		

Debtor **American Sleep Medicine LLC**
NameCase number (If known) **3:21-bk-02741****12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$839,896.37**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software see attached sheets	\$0.00	Tax records	\$40,983.39

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$40,983.39**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

Debtor **American Sleep Medicine LLC**
Name

Case number (If known) **3:21-bk-02741**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **American Sleep Medicine LLC**
NameCase number (If known) **3:21-bk-02741****Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$90,056.43</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$839,896.37</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$40,983.39</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$970,936.19</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$970,936.19</u>

Asset	Property Description	Date In Service	Date Dep Complete
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Entity: American Sleep Products**Location: ASP LLC****Group: Computer**

1072	ASP DELL MONITOR	9/19/11	9/19/16
1073	ASP DELL COMPUTER	9/19/11	9/19/16
1074	ASP DELL MONITOR	11/19/11	11/19/16
1075	ASP DELL COMPUTER	11/19/11	11/19/16
1076	ASP DELL MONITOR	12/27/11	12/27/16
1077	ASP DELL COMPUTER	12/27/11	12/27/16
	ASP Video Monitor	11/21/12	11/21/17
	ASP Hard drive	6/30/15	6/30/20

Computer**Group: Equipment**

1078	ASP MONITOR VIDEO CARD	11/21/12	11/21/15
1083	ASP ACCESS VOICE & DATA	12/08/11	12/08/18
1086	ASP SIGN - EXTERIOR DOOR	11/30/11	11/30/18
1087	ASP SIGN - OFFICE DOOR	12/13/11	12/13/18
1089	ASP 3 CHARS	2/10/12	2/10/19

Equipment**Group: Furniture**

1079	ASP 2 STAFF DESKS	9/29/11	9/29/18
1080	ASP OFFICE FURNITURE (TRACEY	10/07/11	10/07/18
1081	ASP OFFICE FUNITURE INSTALL	12/02/11	12/02/18
1082	ASP OFFICE SHELIVING	12/02/11	12/02/18
1085	ASP SHELIVING	12/15/11	12/15/18
1090	ASP SHELIVING	3/13/12	3/13/19
1091	ASP 2 U-SHAPED CUBICLES W/ CHAIRS	3/19/12	3/19/19
	Shelving	1/24/13	1/24/20
	4 Desks and chairs	10/29/18	9/30/25
	1 Desk	1/20/19	1/20/26

Furniture

Group: Leasehold Improvements

1084 ASP BUILDOUT	11/11/11	11/11/25
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Leasehold Improvements

Group: Signs

ASP signs	11/30/11	11/30/18
ASP signs	12/13/11	12/13/18
ASP signs	11/26/13	11/26/20
ASP signs	3/31/14	3/31/21

Group: Software

1092 ASP ADOBE SOFTWARE	1/04/12	1/04/15
Software	11/18/11	11/18/14
MS Office for 5 machines	4/02/18	4/02/21
Software	12/31/14	12/31/17

Software

Life in Years	Monthly Depreciation	Annual Depreciation	Original Cost	Balance @ 12/31/20	Additions
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5.00	1.73	20.80	104.00	104.00	
5.00	16.92	203.00	1,015.00	1,015.00	
5.00	3.03	36.40	182.00	182.00	
5.00	16.92	203.00	1,015.00	1,015.00	
5.00	3.00	36.00	180.00	180.00	
5.00	13.55	162.60	813.00	813.00	
5.00	4.92	58.99	294.97	294.97	
5.00	50.00	600.00	3,000.00	3,000.00	

6,603.97	6,603.97	0.00
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3.00	12.29	147.50	295.00	295.00	
7.00	2.26	27.14	190.00	190.00	
7.00	3.61	43.29	303.00	303.00	
7.00	1.88	22.57	158.00	158.00	
7.00	5.31	63.71	446.00	446.00	

1,392.00	1,392.00	0
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7.00	16.19	1,214.29	1,360.00	1,360.00	
7.00	12.54	150.43	1,053.00	1,053.00	
7.00	2.38	28.57	200.00	200.00	
7.00	12.19	146.29	1,024.00	1,024.00	
7.00	2.02	24.29	170.00	170.00	
7.00	11.40	136.86	958.00	958.00	
7.00	23.81	285.71	2,000.00	2,000.00	
7.00	2.38	28.57	200.00	200.00	
7.00	21.99	263.83	1,846.82	1,846.82	
7.00	4.99	59.91	419.34	419.34	

9,231.16	9,231.16	0
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15.00	108.60	1,303.20	19,548.00	19,548.00	
			19,548.00	19,548.00	0
7.00	3.60	43.26	302.79	302.79	
7.00	1.88	22.57	158.00	158.00	
7.00	2.08	25.00	175.00	175.00	
7.00	0.88	10.57	73.99	73.99	
			709.78	709.78	0
3.00	5.28	63.33	190.00	190.00	
3.00	9.61	115.36	346.08	346.08	
3.00	77.58	930.97	2,792.90	2,792.90	
3.00	4.72	56.67	170.00	170.00	
			3,498.98	3,498.98	0
			40,983.89	40,983.89	0.00

Deletions	Adjustments DR (CR)	Balance @ 12/31/21		Accumulated Depr 12/31/19
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		104.00		104.00
		1,015.00		1,015.00
		182.00		182.00
		1,015.00		1,015.00
		180.00		180.00
		813.00		813.00
		294.97		294.97
		3,000.00		2,700.00
		0.00		
0.00	0.00	6,603.97		6,303.97

		295.00		295.00
		190.00		190.00
		303.00		303.00
		158.00		158.00
		446.00		446.00
		0.00		
0	0	1392		1,392.00

		1,360.00		1,360.00
		1,053.00		1,053.00
		200.00		200.00
		1,024.00		352.38
		170.00		170.00
		958.00		958.00
		2,000.00		2,000.00
		200.00		197.62
		1,846.82		307.86
		419.34		54.91
		0.00		
0	0	9231.16		6,653.77

		19,548.00	10,534.20
	0	0	19548
			10,534.20
		302.79	302.79
		158.00	158.00
		175.00	152.04
		73.99	60.77
	0	0	709.78
			673.60
		190.00	190.00
		346.08	346.08
		2,792.90	1,629.19
		170.00	170.00
	0	0	3498.98
			2,335.27
	0.00	0.00	40,983.89
			27,892.82
			27,892.82

Fill in this information to identify the case:

Debtor Name American Sleep Mediine

United States Bankruptcy Court for the: Middle District of Tennessee

Case number: 3:21-bk-02741

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: April 2022

Date report filed: 07/08/2022
MM / DD / YYYY

Line of business: Sleep Diagnostics

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Row J Zadeh, CEO

Original signature of responsible party 

Printed name of responsible party Row Zadeh

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes No N/A

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name American Sleep MediineCase number 3:21-bk-02741

17. Have you paid any bills you owed before you filed bankruptcy?



18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ -56,831.00

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 408,547**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ 644,752**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.- \$ -236205**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ -293036**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables\$ 297,241.02*(Exhibit E)*

Debtor Name American Sleep MediineCase number 3:21-bk-02741**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 70,677.75
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 196
27. What is the number of employees as of the date of this monthly report? 114

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 37540.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>420,000.00</u>	—	\$ <u>408547</u>	=	\$ <u>11,453.00</u>
33. Cash disbursements	\$ <u>600000.00</u>	—	\$ <u>644752</u>	=	\$ <u>-44,752.00</u>
34. Net cash flow	\$ <u>-180000</u>	—	\$ <u>-236205</u>	=	\$ <u>56,205.00</u>
35. Total projected cash receipts for the next month:					\$ <u>600,000.</u>
36. Total projected cash disbursements for the next month:					— \$ <u>500,000</u>
37. Total projected net cash flow for the next month:					= \$ <u>100,000</u>

Debtor Name American Sleep MediineCase number 3:21-bk-02741**8. Additional Information**

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Till Reconciliation (All Payments)

Facility = All, User = All, Provider = All, Date Range = 06/01/2022 - 06/30/2022, Order By = Patient

Patient	Type	Time	Description	Check/Credit No	Invoice #	Payment
HYSESANI, ERTA						
06/30/2022						
ZPAY						
Christian, Daryl	CON	04:09:37 pm	Patient - Payment	Zpay	436252	\$119.47
Cowan, Joseph	FDL	04:24:31 pm	Patient - Payment	Zpay	436228	\$40.00
Easterling, Brian	CON	04:08:31 pm	Patient - Payment	Zpay	431042	\$75.00
Goel, Mamta	CON	04:20:36 pm	Patient - Payment	Zpay	436217	\$75.76
Hair, Nancy J	FDL	04:20:11 pm	Patient - Payment	Zpay	436216	\$35.00
Haridi, Jennifer Y	FDL	04:23:20 pm	Patient - Payment	Zpay	436232	\$66.94
Hartig, Steven	DRT	04:19:47 pm	Patient - Payment	Zpay	426618	\$68.80
Henry, Cathie	FDL	04:10:09 pm	Patient - Payment	Zpay	436151	\$178.16
Hollingsworth, Ronsheen R	CON	04:18:54 pm	Patient - Payment	Zpay	436208	\$50.00
Key, Donnie	FDL	04:13:12 pm	Patient - Payment	Zpay	436203	\$92.92
Kiven, Jolyana	FDL	04:07:13 pm	Patient - Payment	zpay	436191	\$86.76
Kucharski, Jeff	CON	04:19:16 pm	Patient - Payment	Zpay	436210	\$129.74
Lanham, Golda Fay	CON	04:07:45 pm	Patient - Payment	Zpay	436192	\$50.00
Liu, Yongshan	FDL	01:29:52 pm	Patient - Payment	Zpay	436181	\$94.37
Martinez, Carolina	CON	04:21:01 pm	Patient - Payment	Zpay	436218	\$25.00
McCann, Nicole L	CON	04:23:50 pm	Patient - Payment	Zpay	436230	\$93.99
Quintero De Nieto, Ana	FDL	03:58:15 pm	Patient - Payment	Zpay	436180	\$145.84
Shamlin, Wilford	FDL	04:14:01 pm	Patient - Payment	Zpay	431102	\$5.00
Shamlin, Wilford	FDL	04:14:14 pm	Patient - Payment	Zpay	430453	\$75.00
Smith, Lynn H	CON	04:21:52 pm	Patient - Payment	Zpay	436227	\$123.67
Stice, Nicholas A	CON	04:11:42 pm	Patient - Payment	Zpay	367993	\$250.00
Toller, Virginia D	FDL	04:15:18 pm	Patient - Payment	Zpay	436209	\$40.00
Tyree, Tina	CON	04:08:08 pm	Patient - Payment	Zpay	436189	\$433.19
Total: 23						\$2,354.61
Total: 63						\$16,565.69
Total: 1274						\$408,546.74

Summary for all users

Paid By	Count	Payment
ACH	552	\$219,549.98
CHCK	310	\$109,567.72
MORD	4	\$175.00
ZPAY	408	\$79,254.04
Total	1274	\$408,546.74

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07/08/22

Accrual Basis

American Sleep Medicine, LLC Transactions by Account

As of June 30, 2022

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
20000 · 1-Accounts Payable										
Bill	06/01/2022	0601...	Rent - (HOU) Cha...	JUNE RENT	Houston		67100 · Rent ...		7,991.00	1,131,435.37
Bill	06/01/2022	0601...	Rent - (BALT) Orc...	JUNE RENT	Baltimore		-SPLIT-		8,072.69	1,139,426.37
Bill Pmt -Check	06/01/2022	1336	Rent - (BALT) Orc...	Account# 660-203			100000 · Ban...	8,404.69		1,147,499.06
Bill	06/01/2022	JUN...	Rent - (JAX & HQ)...	June 2022 - Suite 300, 301, 301B,			-SPLIT-		11,881.17	1,139,094.37
Bill	06/01/2022	0601...	Rent - (LOU) Prof...	JUNE RENT	Louisville		67100 · Rent ...		7,046.59	1,150,975.54
Bill Pmt -Check	06/01/2022	1337	Rent - (LOU) Prof...	JUNE RENT			100000 · Ban...	7,046.59		1,158,022.13
Bill	06/01/2022	0601...	Rent - (MEM) BC ...	JUNE RENT	Memphis		67100 · Rent ...		5,955.61	1,150,975.54
Bill Pmt -Check	06/01/2022	1338	Rent - (MEM) BC ...	JUNE RENT			100000 · Ban...	5,955.61		1,156,931.15
Bill	06/01/2022	0601...	Rent - (WEB) Her...	JUNE RENT	Webster		67100 · Rent ...		6,290.85	1,150,975.54
Bill Pmt -Check	06/01/2022	1330	Rent - (WEB) Her...	JUNE RENT			100000 · Ban...	5,863.13		1,157,266.39
Discount	06/01/2022	1330	Rent - (WEB) Her...	JUNE RENT	Webster		100000 · Ban...	427.72		1,151,403.26
Bill	06/01/2022	0601...	Rent - (NEW) CE...	JUNE RENT	Newark		67100 · Rent ...		7,863.58	1,150,975.54
Bill Pmt -Check	06/01/2022	1339	Rent - (NEW) CE...				100000 · Ban...	10,036.09		1,158,839.12
Bill	06/01/2022	0601...	Rent - (ROC) W.M...	JUNE RENT	Rockville		67100 · Rent ...		8,037.13	1,148,803.03
Bill Pmt -Check	06/01/2022	1340	Rent - (ROC) W.M...	JUNE RENT			100000 · Ban...	8,037.13		1,156,840.16
Bill	06/01/2022	June	Florida Blue	June Health Insurance Premium			-SPLIT-		32,018.85	1,148,803.03
Bill	06/01/2022	4997...	eMDs	Customer ID 1001681 AmericanSle...	Jax HQ		-SPLIT-		1,188.05	1,180,821.88
Bill	06/01/2022	4997...	eMDs	Customer ID 1001681 AmericanSle...	Jax HQ		-SPLIT-		15,840.59	1,182,009.93
Bill Pmt -Check	06/01/2022	ACH...	Alabama Power	SVC 4/14-5/16/22			100000 · Ban...	926.43		1,197,850.52
Bill	06/01/2022	0601...	Comcast -BALT54...		Baltimore		Cable Services		457.69	1,196,924.09
Bill Pmt -Check	06/01/2022	ACH...	Office of the U.S. ...	503-21-02741/02850			100000 · Ban...	23,490.00		1,197,381.78
Bill	06/01/2022	JUN...	Reliance Standard...	EE Voluntary benefits June 2022			Supplementa...		3,137.95	1,173,891.78
Bill Pmt -Check	06/02/2022	ACH...	JEA				100000 · Ban...	811.47		1,177,029.73
Bill Pmt -Check	06/03/2022	ACH...	JEA				100000 · Ban...	1,015.12		1,176,218.26
Bill Pmt -Check	06/06/2022	1319	David Yount				100000 · Ban...	167.75		1,175,203.14
Bill Pmt -Check	06/06/2022	ACH...	Cirro Energy				100000 · Ban...	412.82		1,175,035.39
Bill Pmt -Check	06/07/2022	ACH...	Comcast -BALT54...				100000 · Ban...	457.71		1,174,622.57
Bill Pmt -Check	06/07/2022	ACH...	Comcast - ROC14...				100000 · Ban...	436.46		1,174,164.86
Bill	06/08/2022	0608...	Kelly Cummings		Vienna		Fuel		258.10	1,173,728.40
Bill	06/10/2022	0610...	Comcast -Houston...		Webster		Cable Services		552.08	1,173,986.50
Bill Pmt -Check	06/15/2022	ACH...	Verizon NEW-inte...				100000 · Ban...	124.99		1,174,538.58
Bill	06/15/2022	0615...	Comcast - ROC14...	Services 5/23-6/19/22	Newark		Cable Services		382.07	1,174,413.59
Bill Pmt -Check	06/16/2022	1329	Rent - (JAX & HQ)...	June 2022 - Suite 300, 301, 301B,			100000 · Ban...	11,881.17		1,174,795.66
Bill Pmt -Check	06/16/2022	ACH...	Waystar aka ZirMed				100000 · Ban...	4,704.46		1,162,914.49
Bill Pmt -Check	06/17/2022	ACH...	Reliance Standard...				100000 · Ban...	6,904.79		1,158,210.03
Bill Pmt -Check	06/17/2022	ACH...	Pitney Bowes Inc.				100000 · Ban...	134.35		1,151,305.24
Bill	06/17/2022	0617...	Comcast -Houston...	Svc 6/22-7/21/22	Houston		Cable Services		181.97	1,151,170.89
Bill Pmt -Check	06/20/2022	1358	Stratus Building S...				100000 · Ban...	1,537.16		1,151,352.86
Bill Pmt -Check	06/20/2022	1353	Anago Cleaning S...				100000 · Ban...	1,744.10		1,149,815.70
Bill Pmt -Check	06/20/2022	1357	Kelly Cummings				100000 · Ban...	853.30		1,148,071.60
Bill Pmt -Check	06/20/2022	1324	Ballou Fire Syste...	4/13/22-7/12/22			100000 · Ban...	174.00		1,147,218.30
Bill Pmt -Check	06/20/2022	1325	eMDs	CustomerID 1001681 -eMDs			100000 · Ban...	1,188.05		1,147,044.30
Bill Pmt -Check	06/29/2022	ACH...	JEA				100000 · Ban...	1,014.14		1,145,856.25
Bill Pmt -Check	06/29/2022	ACH...	JEA				100000 · Ban...	1,208.14		1,144,842.11
Bill Pmt -Check	06/30/2022	1361	Rent - (HOU) Cha...	JUNE RENT			100000 · Ban...	7,991.00		1,143,633.97
Bill Pmt -Check	06/30/2022	ACH...	Florida Blue	June Health Insurance Premium			100000 · Ban...	32,018.85		1,135,642.97
Bill Pmt -Check	06/30/2022	ACH...	TXU Energy	100061401091			100000 · Ban...	955.99		1,103,624.12
Total 20000 · 1-Accounts Payable								145,923.21	117,155.97	1,102,668.13
TOTAL								145,923.21	117,155.97	1,102,668.13

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07/08/22

Accrual Basis

American Sleep Medicine, LLC
Transaction Detail By Account
June 2022

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
Direct Wages										
General Journal	06/02/2022	PR11 ...		Baltimore			ServisFirst Pay...	13,291.34		13,291.34
General Journal	06/02/2022	PR11 ...		Birmingham			ServisFirst Pay...	11,313.46		24,604.80
General Journal	06/02/2022	PR11 ...		Houston			ServisFirst Pay...	13,065.10		37,669.90
General Journal	06/02/2022	PR11 ...		Jacksonvi...			ServisFirst Pay...	16,862.51		54,532.41
General Journal	06/02/2022	PR11 ...		Livingston			ServisFirst Pay...	0.00		54,532.41
General Journal	06/02/2022	PR11 ...		Louisville			ServisFirst Pay...	11,620.42		66,152.83
General Journal	06/02/2022	PR11 ...		Memphis			ServisFirst Pay...	17,923.94		84,076.77
General Journal	06/02/2022	PR11 ...		Nashville			ServisFirst Pay...	12,215.04		96,291.81
General Journal	06/02/2022	PR11 ...		Newark			ServisFirst Pay...	13,902.29		110,194.10
General Journal	06/02/2022	PR11 ...		Indianapo...			ServisFirst Pay...	0.00		110,194.10
General Journal	06/02/2022	PR11 ...		Rockville			ServisFirst Pay...	16,576.42		126,770.52
General Journal	06/02/2022	PR11 ...		Vienna			ServisFirst Pay...	8,697.54		135,468.06
General Journal	06/02/2022	PR11 ...		Webster			ServisFirst Pay...	11,987.69		147,455.75
General Journal	06/02/2022	PR11 ...		Jax HQ			ServisFirst Pay...	29,673.88		177,129.63
General Journal	06/02/2022	PR11 ...		ASP			ServisFirst Pay...	0.00		177,129.63
General Journal	06/16/2022	PR12 ...		Baltimore			ServisFirst Pay...	12,191.34		189,320.97
General Journal	06/16/2022	PR12 ...		Birmingham			ServisFirst Pay...	10,213.46		199,534.43
General Journal	06/16/2022	PR12 ...		Houston			ServisFirst Pay...	12,065.10		211,599.53
General Journal	06/16/2022	PR12 ...		Jacksonvi...			ServisFirst Pay...	15,662.51		227,262.04
General Journal	06/16/2022	PR12 ...		Livingston			ServisFirst Pay...	0.00		227,262.04
General Journal	06/16/2022	PR12 ...		Louisville			ServisFirst Pay...	10,620.42		237,882.46
General Journal	06/16/2022	PR12 ...		Memphis			ServisFirst Pay...	15,723.94		253,606.40
General Journal	06/16/2022	PR12 ...		Nashville			ServisFirst Pay...	11,215.04		264,821.44
General Journal	06/16/2022	PR12 ...		Newark			ServisFirst Pay...	12,941.29		277,762.73
General Journal	06/16/2022	PR12 ...		Indianapo...			ServisFirst Pay...	0.00		277,762.73
General Journal	06/16/2022	PR12 ...		Rockville			ServisFirst Pay...	14,576.20		292,338.93
General Journal	06/16/2022	PR12 ...		Vienna			ServisFirst Pay...	7,697.54		300,036.47
General Journal	06/16/2022	PR12 ...		Webster			ServisFirst Pay...	10,987.69		311,024.16
General Journal	06/16/2022	PR12 ...		Jax HQ			ServisFirst Pay...	26,673.88		337,698.04
General Journal	06/16/2022	PR12 ...		ASP			ServisFirst Pay...	0.00		337,698.04
General Journal	06/30/2022	PR13 ...		Baltimore			ServisFirst Pay...	12,291.34		349,989.38
General Journal	06/30/2022	PR13 ...		Birmingham			ServisFirst Pay...	10,313.46		360,302.84
General Journal	06/30/2022	PR13 ...		Houston			ServisFirst Pay...	12,065.10		372,367.94
General Journal	06/30/2022	PR13 ...		Jacksonvi...			ServisFirst Pay...	15,862.51		388,230.45
General Journal	06/30/2022	PR13 ...		Livingston			ServisFirst Pay...	0.00		388,230.45
General Journal	06/30/2022	PR13 ...		Louisville			ServisFirst Pay...	10,620.42		398,850.87
General Journal	06/30/2022	PR13 ...		Memphis			ServisFirst Pay...	15,923.94		414,774.81
General Journal	06/30/2022	PR13 ...		Nashville			ServisFirst Pay...	11,215.04		425,989.85
General Journal	06/30/2022	PR13 ...		Newark			ServisFirst Pay...	12,902.29		438,892.14
General Journal	06/30/2022	PR13 ...		Indianapo...			ServisFirst Pay...	0.00		438,892.14
General Journal	06/30/2022	PR13 ...		Rockville			ServisFirst Pay...	14,576.42		453,468.56
General Journal	06/30/2022	PR13 ...		Vienna			ServisFirst Pay...	7,697.54		461,166.10
General Journal	06/30/2022	PR13 ...		Webster			ServisFirst Pay...	10,987.69		472,153.79
General Journal	06/30/2022	PR13 ...		Jax HQ			ServisFirst Pay...	26,673.88		498,827.67
General Journal	06/30/2022	PR13 ...		ASP			ServisFirst Pay...	0.00		498,827.67
Total Direct Wages								498,827.67	0.00	498,827.67
TOTAL								498,827.67	0.00	498,827.67

As of April 30, 2022

Case# 3:23-cv-01273 Document 1-1 Filed 08/22/23 Entered 08/22/23 10:24:43 Desc Page 1 of 13
 Document# 1-1 Filed 08/22/23 Entered 08/22/23 10:24:43 Desc Page 1 of 13

Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	11/01/2021	MDF Nov 2021
Total DOC BALT - Dr Sangjin Oh MDF			
DOC HOU - Dr. Strahil Atanasov - MDF			
	Bill	11/01/2021	MDF NOV 2021
Total DOC HOU - Dr. Strahil Atanasov - MDF			
DOC INDY - Dr. Kunwar Vohra - MDF			
	Bill	10/01/2021	MFD 10/2021
	Bill	09/30/2021	MFD 07/2021 REISSUE
Total DOC INDY - Dr. Kunwar Vohra - MDF			
DOC INDY - Dr. Wojciech Ornowski -MDF			
	Bill	09/01/2021	MFD 09/2021
Total DOC INDY - Dr. Wojciech Ornowski -MDF			
DOC JAX- Dr. Sorresso			
	Bill	11/30/2021	NOV 2021
	Bill	12/31/2021	DEC 2021
	Bill	01/31/2022	JAN 2022
	Bill	02/28/2022	FEB 2022
	Bill	03/31/2022	MAR 2022
Total DOC JAX- Dr. Sorresso			
DOC JAX- Dr. Sorresso - MDF			
	General Journal	07/31/2020	MDF/Sorress
	Bill	12/31/2021	MDF DEC2021
	Bill	01/31/2022	MDF JAN 2022
	Bill	02/27/2022	MDF FEB 2022
	Bill	03/31/2022	MDF MAR 2022
	Bill	04/30/2022	MDF APR 2022
Total DOC JAX- Dr. Sorresso - MDF			
DOC NASH - Dr. Martha Hagaman			
	Bill	10/31/2021	October 2021
	Bill	11/30/2021	November 2021
	Bill	12/31/2021	December 2021
	Bill	01/31/2022	January 2022
	Bill	02/28/2022	February 2022
Total DOC NASH - Dr. Martha Hagaman			
DOC NASH - Dr. Martha Hagaman - MDF			
	Bill	12/31/2021	MDF DEC 2021
	Bill	01/31/2022	MDF JAN 2022
	Bill	02/28/2022	MDF FEB 2022
Total DOC NASH - Dr. Martha Hagaman - MDF			
DOC SD - Dr. Houman Dahi			
	Bill	09/07/2021	August 2021
	Bill	10/07/2021	September 2021
Total DOC SD - Dr. Houman Dahi			
DOC VIE - Dr. Richard Hoffman			
	Bill	11/30/2021	DEC 21 PAYOUT

Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
Total DOC VIE - Dr. Richard Hoffman			
Duval County Tax Collector			
	Bill	11/11/2021	925503-8000
Total Duval County Tax Collector			
Ecolab Inc			
	Bill	01/24/2022	6023272
	Bill	04/26/2022	6612630
Total Ecolab Inc			
Florida Blue			
	Bill	04/01/2022	April
Total Florida Blue			
GFL Environmental			
	Bill	02/18/2022	UG0000050405
	Bill	03/18/2022	UG0000054036
Total GFL Environmental			
Harris County M.U.D.			
	Bill	02/01/2022	CAD 2221192-2021PPT
Total Harris County M.U.D.			
IPFS Corporation			
	Bill	09/16/2021	ILP-32492 #4
Total IPFS Corporation			
Jan-Pro of Washington DC - ROCK			
	Bill	04/01/2022	171931
Total Jan-Pro of Washington DC - ROCK			
Jan-Pro of Washington DC - VIE			
	Bill	01/01/2022	160328
Total Jan-Pro of Washington DC - VIE			
JEA			
	General Journal	01/31/2022	013121JEARC
	Bill	12/16/2021	121621/3412
	Bill	04/19/2022	041922
	Bill	04/19/2022	041922A
Total JEA			
John Heinlein			
	Bill	01/06/2022	
Total John Heinlein			
Maintenance Warriors			
	Bill	04/01/2022	2350
Total Maintenance Warriors			
McKesson-680196			
	Bill	12/31/2021	DEC21
	Bill	01/31/2022	VARIOUSJAN
	Bill	02/03/2022	FEB INVOICES
Total McKesson-680196			
Med-Stat Medical			

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	04/27/2022	57992
Total Med-Stat Medical			
MVAP Medical Supplies			
	Bill	12/01/2021	
Total MVAP Medical Supplies			
New Jersey Department of Labor and Workfo			
	Bill	12/22/2021	
	Bill	12/21/2021	
Total New Jersey Department of Labor and Workfo			
PEPCO			
	Bill	04/21/2022	042122
Total PEPCO			
Pitney Bowes Global Financial Services, L			
	Bill	01/03/2022	3105266460late
	Bill	04/04/2022	3105450911late
Total Pitney Bowes Global Financial Services, L			
Pitney Bowes Inc.			
	Bill	02/03/2022	3105315102
	Bill	03/15/2022	1020316395
Total Pitney Bowes Inc.			
Pitney Bowes Purchase Power			
	Bill	09/26/2021	6426 MASTER 09/2021
	Bill	12/31/2021	EFT
Total Pitney Bowes Purchase Power			
Private Eyes, Inc.			
	Bill	08/01/2021	6146
	Bill	09/01/2021	7560
	Bill	10/02/2021	7804
	Bill	04/01/2022	11866
Total Private Eyes, Inc.			
Reliance Standard Life Insurance Company			
	Bill	03/01/2022	MARVOLUNTARY
	Bill	04/01/2022	APRVOLUNTARY
Total Reliance Standard Life Insurance Company			
Rent - (BALT) Orchard Investment			
	Bill	11/01/2021	NOV RENT
	Bill	04/01/2022	2864
Total Rent - (BALT) Orchard Investment			
Rent - (BIRM) Design Resource Center, LLC			
	Bill	10/01/2021	October 2021
	Bill	03/19/2022	2021-130
Total Rent - (BIRM) Design Resource Center, LLC			
Rent - (HOU) Chayn Mousa			
	Bill	10/01/2021	October 2021
Total Rent - (HOU) Chayn Mousa			

Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
Rent - (INDY) IN-9240 Meridian, LLC			
	Bill	09/27/2021	LATE FEE Sept 2021
	Bill	10/12/2021	
Total Rent - (INDY) IN-9240 Meridian, LLC			
Rent - (JAX & HQ) Belfort 3 Partners LLC			
	Bill	10/01/2021	October 2021
	Bill	10/11/2021	Sept 2021 LateFee
Total Rent - (JAX & HQ) Belfort 3 Partners LLC			
Rent - (LOU) Professional Towers			
	Bill	12/31/2021	123121
Total Rent - (LOU) Professional Towers			
Rent - (MEM) BC Commercial Properties LLC			
	Bill	10/01/2021	October 2021
	Bill	09/27/2021	Sept 2021 Late Fee
Total Rent - (MEM) BC Commercial Properties LLC			
Rent - (NASH) Maryland Park Center			
	Bill	10/01/2021	October 2021
Total Rent - (NASH) Maryland Park Center			
Rent - (NEW) CEC 200, LLC			
	Bill	02/11/2022	021122
	Bill	03/24/2022	032422
	Bill	04/13/2022	041322
Total Rent - (NEW) CEC 200, LLC			
Rent - (ROC) W.M. Rickman Const Co. LLC			
Total Rent - (ROC) W.M. Rickman Const Co. LLC			
Rent - (VIE) BSC/RG Boone Blvd Owner			
	Bill	10/01/2021	October 2021
Total Rent - (VIE) BSC/RG Boone Blvd Owner			
Rent - (WEB) Hercules Houston Partners LP			
	Bill	10/01/2021	October 2021
Total Rent - (WEB) Hercules Houston Partners LP			
Ricoh USA, INC 827577			
	Bill	02/12/2022	9029599746
	Bill	01/26/2022	36066218
	Bill	02/02/2022	9029567329
	Bill	03/11/2022	36309712
	Bill	03/12/2022	9029784592
	Bill	02/15/2022	5063907589
	Bill	03/02/2022	9029732163
	Bill	03/14/2022	9029786933
	Bill	03/15/2022	5064158579
	Bill	04/19/2022	9029966356
Total Ricoh USA, INC 827577			
Shred-It USA - Chicago			
	Bill	01/26/2022	9004300799

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	01/26/2022	9004300974
	Bill	03/03/2022	8001130832
Total Shred-It USA - Chicago			
Spectrum Business (formerly Charter)			
	Bill	03/02/2022	0158809030222
	Bill	04/02/2022	0158809040222
Total Spectrum Business (formerly Charter)			
Spectrum Business (Time Warner Cable)			
	Bill	03/24/2022	0007909032422
	Bill	04/24/2022	0007909042422
Total Spectrum Business (Time Warner Cable)			
Staples Advantage			
	Bill	03/14/2022	8065569501
	Bill	03/21/2022	8065642730
	Bill	03/28/2022	8065717565
	Bill	04/04/2022	8065810323
	Bill	04/11/2022	8065886212
	Bill	04/18/2022	8065958760
Total Staples Advantage			
SunMed/Salter Labs			
	Bill	01/26/2022	2353921
Total SunMed/Salter Labs			
Thermal Engineers, Inc.			
	Bill	02/03/2022	22326/19891
Total Thermal Engineers, Inc.			
UHC - United Healthcare			
	Bill Pmt -Check	11/11/2021	EFT ONLINE
	Bill	12/01/2021	227333745706
Total UHC - United Healthcare			
Verizon VIE - 9489 41Y 7444			
	Bill	04/22/2022	042222-VIE
Total Verizon VIE - 9489 41Y 7444			
Waystar aka ZirMed			
	Bill	03/10/2022	300238017
Total Waystar aka ZirMed			
Williamson County Trustee			
	Bill	02/28/2022	PPT2021
Total Williamson County Trustee			
Windstream Communications			
	Bill	02/22/2022	74585133
Total Windstream Communications			
TOTAL			

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
Alabama Power			
	04/14/2022	16	926.43
Total Alabama Power			926.43
American Sleep Medicine			
			-1,037.21
Total American Sleep Medicine			-1,037.21
Ameriflex			
	01/17/2022	103	63.00
Total Ameriflex			63.00
Anago Cleaning Systems			
	05/05/2022		1,744.10
Total Anago Cleaning Systems			1,744.10
AT&T - 5019			
	02/10/2022	79	4,762.97
	03/13/2022	48	4,925.52
Total AT&T - 5019			9,688.49
Ballou Fire Systems LLC			
	03/15/2022	46	174.00
Total Ballou Fire Systems LLC			174.00
Comcast - ROC1458/NEW7510/ROC4707			
	04/16/2022	14	396.98
	05/05/2022		382.07
	05/17/2022		436.46
Total Comcast - ROC1458/NEW7510/ROC4707			1,215.51
Comcast -BALT5412			
	03/21/2022	40	416.27
	04/21/2022	9	416.09
Total Comcast -BALT5412			832.36
Comcast -Houston 3794/Webster 2983			
	03/27/2022	34	172.01
	04/20/2022	10	528.24
	04/27/2022	3	192.11
Total Comcast -Houston 3794/Webster 2983			892.36
Cook's Pest Control Inc.			
	02/12/2022	77	75.00
	04/16/2022	14	75.00
Total Cook's Pest Control Inc.			150.00
Cyracom, LLC			
	03/10/2022	51	59.76
	05/30/2022		164.34
Total Cyracom, LLC			224.10
DOC BALT- Dr. Sangjin Oh			
	12/15/2021	136	2,042.64
Total DOC BALT- Dr. Sangjin Oh			2,042.64
DOC BALT - Dr Sangjin Oh MDF			

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	11/01/2021	180	500.00
Total DOC BALT - Dr Sangjin Oh MDF			500.00
DOC HOU - Dr. Strahil Atanasov - MDF			
	11/01/2021	180	500.00
Total DOC HOU - Dr. Strahil Atanasov - MDF			500.00
DOC INDY - Dr. Kunwar Vohra - MDF			
	10/01/2021	211	500.00
	10/10/2021	202	500.00
Total DOC INDY - Dr. Kunwar Vohra - MDF			1,000.00
DOC INDY - Dr. Wojciech Ornowski -MDF			
	09/01/2021	241	500.00
Total DOC INDY - Dr. Wojciech Ornowski -MDF			500.00
DOC JAX- Dr. Sorresso			
	11/30/2021	151	2,720.29
	12/31/2021	120	2,461.76
	01/31/2022	89	793.13
	02/28/2022	61	2,024.36
	04/30/2022		779.58
Total DOC JAX- Dr. Sorresso			8,779.12
DOC JAX- Dr. Sorresso - MDF			
			-500.00
	12/31/2021	120	500.00
	01/31/2022	89	500.00
	02/27/2022	62	500.00
	03/31/2022	30	500.00
	04/30/2022		500.00
Total DOC JAX- Dr. Sorresso - MDF			2,000.00
DOC NASH - Dr. Martha Hagaman			
	10/31/2021	181	2,274.00
	11/30/2021	151	3,625.00
	12/31/2021	120	2,250.00
	01/31/2022	89	1,625.00
	02/28/2022	61	2,125.00
Total DOC NASH - Dr. Martha Hagaman			11,899.00
DOC NASH - Dr. Martha Hagaman - MDF			
	12/31/2021	120	500.00
	01/31/2022	89	500.00
	02/28/2022	61	500.00
Total DOC NASH - Dr. Martha Hagaman - MDF			1,500.00
DOC SD - Dr. Houman Dahi			
	09/07/2021	235	2,153.20
	10/17/2021	195	931.40
Total DOC SD - Dr. Houman Dahi			3,084.60
DOC VIE - Dr. Richard Hoffman			
	12/31/2021	120	16,696.00

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
Total DOC VIE - Dr. Richard Hoffman			16,696.00
Duval County Tax Collector			
	04/30/2022		1,675.52
Total Duval County Tax Collector			1,675.52
Ecolab Inc			
	02/23/2022	66	53.99
	05/26/2022		59.80
Total Ecolab Inc			113.79
Florida Blue			
	05/01/2022		34,876.51
Total Florida Blue			34,876.51
GFL Environmental			
	02/18/2022	71	516.06
	03/18/2022	43	627.49
Total GFL Environmental			1,143.55
Harris County M.U.D.			
	02/11/2022	78	63.55
Total Harris County M.U.D.			63.55
IPFS Corporation			
	10/01/2021	211	8,318.07
Total IPFS Corporation			8,318.07
Jan-Pro of Washington DC - ROCK			
	05/01/2022		1,102.40
Total Jan-Pro of Washington DC - ROCK			1,102.40
Jan-Pro of Washington DC - VIE			
	01/31/2022	89	955.00
Total Jan-Pro of Washington DC - VIE			955.00
JEA			
			954.91
	01/07/2022	113	40.16
	04/29/2022	1	1,015.12
	05/11/2022		811.47
Total JEA			2,821.66
John Heinlein			
	01/16/2022	104	146.84
Total John Heinlein			146.84
Maintenance Warriors			
	04/11/2022	19	1,082.50
Total Maintenance Warriors			1,082.50
McKesson-680196			
	01/30/2022	90	5,081.29
	03/02/2022	59	4,661.41
	03/05/2022	56	3,320.41
Total McKesson-680196			13,063.11
Med-Stat Medical			

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	05/27/2022		316.55
Total Med-Stat Medical			316.55
MVAP Medical Supplies			
	12/01/2021	150	762.86
Total MVAP Medical Supplies			762.86
New Jersey Department of Labor and Workfo			
	12/22/2021	129	467.30
	12/31/2021	120	178.46
Total New Jersey Department of Labor and Workfo			645.76
PEPCO			
	05/01/2022		592.78
Total PEPCO			592.78
Pitney Bowes Global Financial Services, L			
	02/02/2022	87	56.64
	04/14/2022	16	56.64
Total Pitney Bowes Global Financial Services, L			113.28
Pitney Bowes Inc.			
	03/05/2022	56	56.64
	04/14/2022	16	134.35
Total Pitney Bowes Inc.			190.99
Pitney Bowes Purchase Power			
	10/21/2021	191	1,511.80
	12/31/2021	120	500.00
Total Pitney Bowes Purchase Power			2,011.80
Private Eyes, Inc.			
	08/01/2021	272	1,665.00
	09/01/2021	241	1,078.00
	10/02/2021	210	743.00
	04/01/2022	29	261.00
Total Private Eyes, Inc.			3,747.00
Reliance Standard Life Insurance Company			
	04/01/2022	29	3,397.27
	05/01/2022		3,475.08
Total Reliance Standard Life Insurance Company			6,872.35
Rent - (BALT) Orchard Investment			
	11/01/2021	180	7,839.88
	04/01/2022	29	332.00
Total Rent - (BALT) Orchard Investment			8,171.88
Rent - (BIRM) Design Resource Center, LLC			
	10/01/2021	211	8,808.02
	03/19/2022	42	382.65
Total Rent - (BIRM) Design Resource Center, LLC			9,190.67
Rent - (HOU) Chayn Mousa			
	10/01/2021	211	9,405.00
Total Rent - (HOU) Chayn Mousa			9,405.00

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
Rent - (INDY) IN-9240 Meridian, LLC			
	10/07/2021	205	567.00
	10/12/2021	200	21,186.44
Total Rent - (INDY) IN-9240 Meridian, LLC			21,753.44
Rent - (JAX & HQ) Belfort 3 Partners LLC			
	10/01/2021	211	13,977.84
	10/21/2021	191	601.03
Total Rent - (JAX & HQ) Belfort 3 Partners LLC			14,578.87
Rent - (LOU) Professional Towers			
	12/31/2021	120	2,808.44
Total Rent - (LOU) Professional Towers			2,808.44
Rent - (MEM) BC Commercial Properties LLC			
	10/01/2021	211	6,907.45
	10/07/2021	205	690.75
Total Rent - (MEM) BC Commercial Properties LLC			7,598.20
Rent - (NASH) Maryland Park Center			
	10/01/2021	211	11,735.84
Total Rent - (NASH) Maryland Park Center			11,735.84
Rent - (NEW) CEC 200, LLC			
	02/11/2022	78	715.82
	03/24/2022	37	774.54
	04/13/2022	17	682.15
Total Rent - (NEW) CEC 200, LLC			2,172.51
Rent - (ROC) W.M. Rickman Const Co. LLC			
Total Rent - (ROC) W.M. Rickman Const Co. LLC			0.00
Rent - (VIE) BSC/RG Boone Blvd Owner			
	10/01/2021	211	17,135.99
Total Rent - (VIE) BSC/RG Boone Blvd Owner			17,135.99
Rent - (WEB) Hercules Houston Partners LP			
	10/01/2021	211	7,401.00
Total Rent - (WEB) Hercules Houston Partners LP			7,401.00
Ricoh USA, INC 827577			
	03/14/2022	47	2,428.34
	03/27/2022	34	334.67
	04/03/2022	27	128.18
	04/10/2022	20	52.37
	04/11/2022	19	2,428.34
	04/16/2022	14	3,145.55
	05/01/2022		8.68
	05/13/2022		22.18
	05/14/2022		2,995.91
	06/18/2022		3,751.98
Total Ricoh USA, INC 827577			15,296.20
Shred-It USA - Chicago			
	02/25/2022	64	28.00

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	02/25/2022	64	28.00
	04/02/2022	28	211.00
Total Shred-It USA - Chicago			267.00
Spectrum Business (formerly Charter)			
	03/22/2022	39	139.98
	04/22/2022	8	142.07
Total Spectrum Business (formerly Charter)			282.05
Spectrum Business (Time Warner Cable)			
	03/24/2022	37	204.16
	04/24/2022	6	203.91
Total Spectrum Business (Time Warner Cable)			408.07
Staples Advantage			
	03/24/2022	37	1,702.06
	04/20/2022	10	172.22
	04/27/2022	3	146.04
	05/04/2022		48.55
	05/11/2022		2,754.60
	05/18/2022		192.15
Total Staples Advantage			5,015.62
SunMed/Salter Labs			
	02/25/2022	64	104.82
Total SunMed/Salter Labs			104.82
Thermal Engineers, Inc.			
	02/03/2022	86	1,042.50
Total Thermal Engineers, Inc.			1,042.50
UHC - United Healthcare			
			-421.94
	01/01/2022	119	435.29
Total UHC - United Healthcare			13.35
Verizon VIE - 9489 41Y 7444			
	05/22/2022		437.22
Total Verizon VIE - 9489 41Y 7444			437.22
Waystar aka ZirMed			
	04/09/2022	21	4,704.46
Total Waystar aka ZirMed			4,704.46
Williamson County Trustee			
	03/10/2022	51	0.00
Total Williamson County Trustee			0.00
Windstream Communications			
	03/13/2022	48	2,014.29
Total Windstream Communications			2,014.29
TOTAL			286,565.00

American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

A/R Aging Summary

As of April 30, 2022

	Current	1 - 30	31 - 60	61 - 90
Bagnoli & Salah Partnership	0.00	0.00	0.00	0.00
Dr. Al-Masalkhi	0.00	0.00	0.00	0.00
Dr. Campbell	0.00	0.00	0.00	0.00
Dr. Clifton Hunt	0.00	0.00	0.00	0.00
Dr. D Sorresso	0.00	0.00	0.00	0.00
Dr. Dweik	0.00	0.00	0.00	0.00
Dr. Eyad Dughly	0.00	0.00	0.00	0.00
Dr. Hoffman	0.00	1,200.00	0.00	2,400.00
Dr. Joshua Aaron, MD	0.00	0.00	0.00	2,950.00
Dr. Keya	600.00	600.00	0.00	600.00
Dr. M Miller M.D.	0.00	2,400.00	0.00	2,400.00
Dr. Miller, M.D.	0.00	0.00	0.00	0.00
Dr. Muhammad Zamar - MEM	0.00	0.00	0.00	0.00
Dr. Oh/ Dughly & A	0.00	0.00	0.00	750.00
Dr. Roth	0.00	0.00	0.00	0.00
Dr. Said Shanawani.	0.00	0.00	0.00	0.00
Dr. Scott Cologne, MD LLC	0.00	0.00	0.00	0.00
Dr. Syed Nabi	0.00	1,200.00	0.00	2,400.00
Dr. Vohra	0.00	0.00	0.00	0.00
Dr. Zandra Petway	1,200.00	0.00	0.00	0.00
Dr. Richard Parcinski	0.00	0.00	0.00	0.00
Kevin Tucker	0.00	0.00	0.00	0.00
KPA-Dr. Mei	0.00	0.00	0.00	0.00
Metropolitan Pulmonary & Sleep Medicine	0.00	0.00	0.00	0.00
Respironics-Marketing	0.00	0.00	0.00	0.00
Sleep and Pulmonary Specialists PLLC	0.00	0.00	0.00	0.00
TOTAL	1,800.00	5,400.00	0.00	11,500.00

A/R Aging Summary**As of April 30, 2022**

	> 90	TOTAL
Bagnoli & Salah Partnership	10,520.00	10,520.00
Dr. Al-Masalkhi	550.00	550.00
Dr. Campbell	0.00	0.00
Dr. Clifton Hunt	957.75	957.75
Dr. D Sorresso	0.00	0.00
Dr. Dweik	0.00	0.00
Dr. Eyad Dughly	0.00	0.00
Dr. Hoffman	0.00	3,600.00
Dr. Joshua Aaron, MD	14,750.00	17,700.00
Dr. Keya	1,200.00	3,000.00
Dr. M Miller M.D.	2,400.00	7,200.00
Dr. Miller, M.D.	0.00	0.00
Dr. Muhammad Zamar - MEM	0.00	0.00
Dr. Oh/ Dughly & A	750.00	1,500.00
Dr. Roth	0.00	0.00
Dr. Said Shanawani.	2,850.00	2,850.00
Dr. Scott Cologne, MD LLC	0.00	0.00
Dr. Syed Nabi	2,400.00	6,000.00
Dr. Vohra	0.00	0.00
Dr. Zandra Petway	0.00	1,200.00
Dr. Richard Parcinski	0.00	0.00
Kevin Tucker	0.00	0.00
KPA-Dr. Mei	10,400.00	10,400.00
Metropolitan Pulmonary & Sleep Medicine	5,200.00	5,200.00
Respironics-Marketing	0.00	0.00
Sleep and Pulmonary Specialists PLLC	0.00	0.00
TOTAL	51,977.75	70,677.75

Exhibit D - Governmental and Tax Claims




Creditor: (7338584) MARION COUNTY TREASURER MARION COUNTY TREASURER BANKRUPTCY 200 E WASHINGTON ST STE 1041 INDIANAPOLIS IN 46204		Claim No: 1 Original Filed Date: 09/23/2021 Original Entered Date: 09/23/2021	Status: Filed by: CR Entered by: Intake 1 Modified:
Amount claimed: \$2745.63 Priority claimed: \$2745.63			
Creditor: (7334520) IRS CNTRLZD INSOLVENCY OPRTN PO BOX 7346 PHILADELPHIA, PA 19101-7346		Claim No: 6 Original Filed Date: 10/08/2021 Original Entered Date: 10/08/2021 Last Amendment Filed: 02/15/2022 Last Amendment Entered: 02/15/2022	Status: Filed by: CR Entered by: JOHN R HALLMAN Modified:
Amount claimed: \$0.00 Secured claimed: \$0.00 Priority claimed: \$0.00			
History: Details  10/08/2021 Claim #6 filed by IRS, Amount claimed: \$46702.97 (HALLMAN, JOHN) Details  02/15/2022 Amended Claim #6 filed by IRS, Amount claimed: \$0.00 (HALLMAN, JOHN)			
Creditor: (7346768) State of Alabama, Department of Revenue Legal Division P.O. Box 320001 Montgomery, AL 36132-0001		Claim No: 10 Original Filed Date: 10/19/2021 Original Entered Date: 10/19/2021	Status: Filed by: CR Entered by: admin Modified:
Amount claimed: \$861.12 Priority claimed: \$861.12			
History: Details  10/19/2021 Claim #10 filed by State of Alabama, Department of Revenue, Amount claimed: \$861.12 (admin)			

EXHIBIT D – PROOFS OF CLAIMS. BY TAX OR GOVERNMENTAL ENTITIES

Creditor: (7353226) COUNTY OF ORANGE TREASURER-TAX COLLECTOR PO BOX 4515 SANTA ANA CA 92702-4515		Claim No: 13 Original Filed Date: 11/05/2021 Original Entered Date: 11/05/2021	Status: Filed by: CR Entered by: Intake3 Modified:
Amount claimed: \$2586.19 Priority claimed: \$2586.19			
History: Details		11/05/2021 Claim #13 filed by COUNTY OF ORANGE TREASURER-TAX COLLECTOR, Amount claimed: \$2586.19 (Intake3)	
Description: (13-1) Business Property Taxes 01-01-2021 TCREF# 0693357			
Creditor: (7364630) Texas Workforce Commission Regulatory Integrity Division - SAU Room 556 101 E. 15th Street Austin, TX 78778-0001		Claim No: 18 Original Filed Date: 12/10/2021 Original Entered Date: 12/10/2021 Last Amendment Filed: 05/26/2022 Last Amendment Entered: 05/26/2022	Status: Filed by: CR Entered by: ERIN C REID Modified:
Amount claimed: \$1938.79 Priority claimed: \$1938.79			
History: Details		12/10/2021 Claim #18 filed by Texas Workforce Commission, Amount claimed: \$2111.36 (REID, ERIN)	
Details		18-1 12/10/2021 Claim #18 filed by Texas Workforce Commission, Amount claimed: \$2111.36 (REID, ERIN) 18-2 05/26/2022 Amended Claim #18 filed by Texas Workforce Commission, Amount claimed: \$1938.79 (REID, ERIN)	
Description: (18-1) Unemployment taxes (18-2) Unemployment taxes			
Remarks:			

Creditor: (7364630) Texas Workforce Commission Regulatory Integrity Division Room 556 101 E. 15th Street Austin, TX 78778-0001	Claim No: 19 Original Filed Date: 12/10/2021 Original Entered Date: 12/10/2021 Last Amendment Filed: 05/26/2022 Last Amendment Entered: 05/26/2022	Status: Filed by: CR Entered by: ERIN C REID Modified:
Amount claimed: \$5621.91		
History: <div><div>321</div><div>12/10/2021 Claim #19 filed by Texas Workforce Commission, Amount claimed: \$701.77 (REID, ERIN)</div><div><div>19-1</div><div>Details</div></div></div> <div><div>322</div><div>02/14/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$3217.49 (REID, ERIN)</div><div><div>19-2</div><div>Details</div></div></div> <div><div>323</div><div>02/14/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$3217.49 (REID, ERIN)</div><div><div>19-3</div><div>Details</div></div></div> <div><div>324</div><div>05/26/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$5621.91 (REID, ERIN)</div><div><div>19-4</div><div>Details</div></div></div>		
Description: (19-1) Unemployment taxes (19-2) Unemployment taxes (19-3) Unemployment taxes (19-4) Unemployment taxes		
Remarks: (19-1) Administrative expense (19-2) Administrative expense (19-3) Administrative expense (19-4) Administrative expense		

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Entered 11/18/22 14:11:40

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Document

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American Sleep Medicine, LLC
Balance Sheet

Cash on hand or on deposit From June Operating Report	\$	293,036.00
Collectable accounts receivables Current	\$	70,675.75
Office Fixtures and machinery Day of Filing	\$	40,983.39
Total assets	\$	404,695.14
Less secured creditors Post petition A/R June Report This amount is based on the post petition financing approved by the Court	\$	550,000.00
Less priority payroll claims Based on actual POC filed	\$	19,270.37
Priority Claims Based on Actual POC filed	\$	13,753.64
Total Liabilities	\$	583,024.01
Amount Available unsecured creditors	\$	(178,328.87)

This Order has been electronically signed. The Judge's signature and Court's seal appear at the top of the first page.
United States Bankruptcy Court.